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# HOSPITAL MANAGEMENT

February, 1916

## In This Issue.

Announcement of Dates of American Hospital  
Association Meeting

■ ■

Louisville and Cincinnati Organize Hospital  
Associations

■ ■

Nation-Wide Survey of Contagious Hospital  
Management

■ ■

How New York Hospital Gets Efficiency in  
Its Laundry

■ ■

Youngstown Sheet & Tube Company's Model  
Industrial Hospital

■ ■

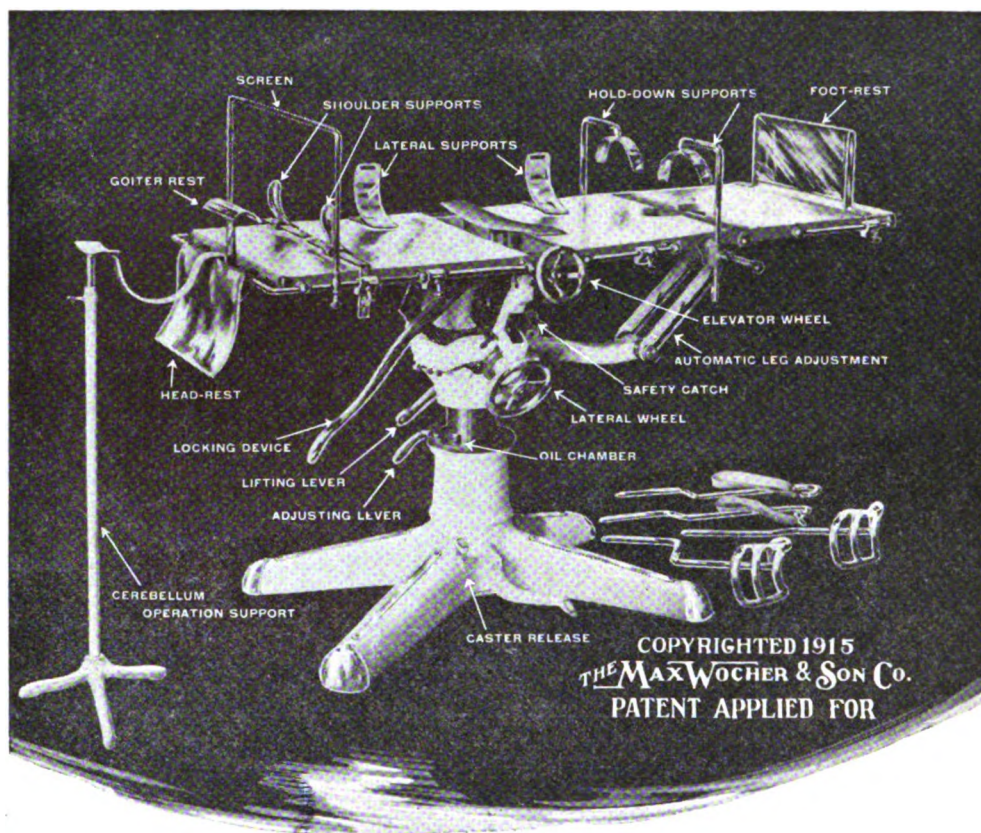
Record System of Louisville City Hospital

■ ■

SEE SPECIAL OFFER TO SUBSCRIBERS ON PAGE 5

# THE Representative American Operating Table

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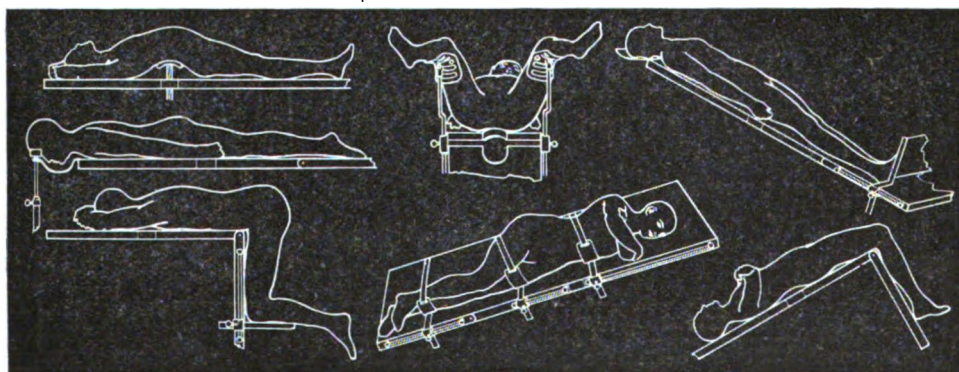


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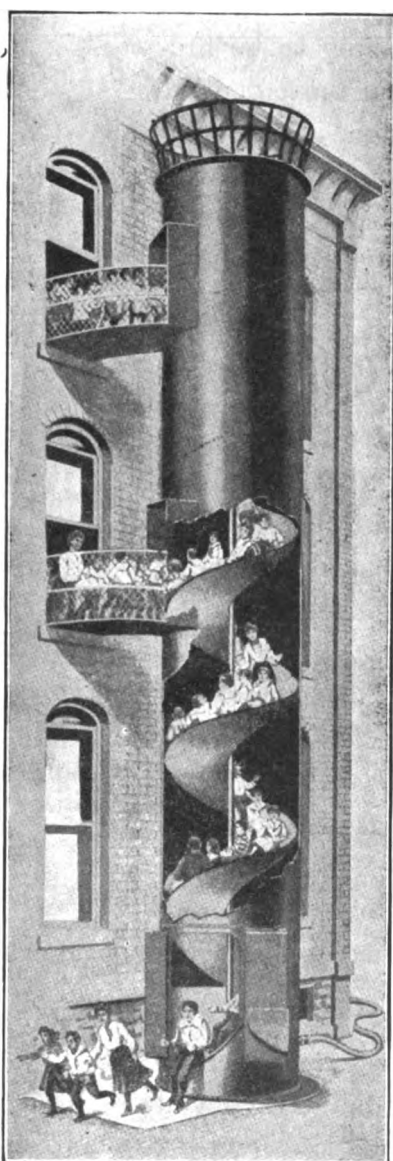
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DEC 24

## Are You Prejudiced Against Spiral Fire Escapes?

We frankly acknowledge that hospital executives who have not had occasion to test the Kirker-Bender Spiral Fire Escape may develop a prejudice against it following a casual consideration of the idea. We admit that such a prejudice is natural. But—the important thing to remember is that



### The Kirker-Bender Escape Is a Practical Success

Institutions which are using this device have tested it in practice, and know that it is the only satisfactory method of getting patients and others out of a building in a minimum of time, with no exposure and with no risk of injury.

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Louisville, Ky.

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Elgin, Ill.

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Dayton, O.

Sante Fe Hospital,  
Los Angeles, Cal.

Soldiers' Home Hospital,  
Dayton, O.

City Hospital,  
Indianapolis, Ind.

St. Joseph's Hospital,  
Milwaukee, Wis.

New York City Hospital,  
Blackwell's Island, N. Y.

Municipal Infirmary,  
Trenton, N. J.

Bayview Asylum,  
Baltimore, Md.

New Jersey State Hospital,  
Trenton, N. J.

Hahneman Hospital,  
San Francisco, Cal.

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don't fail to give attention to the possibilities of American Black Walnut for your interior trim. This is the ideal wood for hospital work, inasmuch as it is a rich brown in color, is elegant and distinctive in appearance, and at the same time stands the rough usage to which the woodwork in a public building is subjected better than any other material. It is easily cleaned and refinishes splendidly. For this reason, while the first cost is slightly greater than other woods,

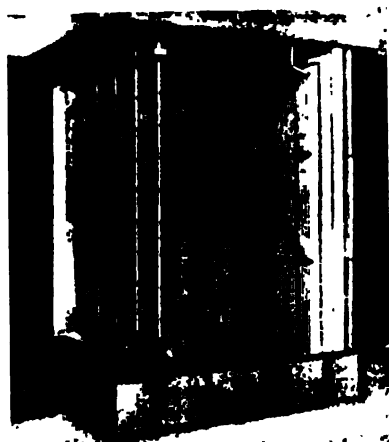
# **AMERICAN BLACK WALNUT**

is the most economical in the end. It is not a cheap wood, and is used only in buildings where the demand is for the best at a reasonable cost. But if your funds permit using materials of this character, you can't go wrong by specifying walnut for your interiors.

¶ American Black Walnut is now the leader in the furniture trade, over two hundred of the principal manufacturers of the United States having added it to their lines within the past few years. The old idea that the walnut supply was exhausted has been eliminated, and hence the furniture trade, realizing the beauty and desirability of the material, is now putting it into its most attractive and permanently beautiful designs.

¶ For full information about walnut furniture and interior finish, write for our new booklet.

**American Walnut Association**  
Starks Building, Louisville, Ky.



Interior of Carrier Type "A" Washer.

## Carrier Air Washer With Humidity Control

—Selected by—

The Allegheny General Hospital, Pittsburgh, Pa.

**W**HERE failure meant possible death; success meant possible saving of many lives. In selecting this equipment, washing efficiency, simplicity and reliability were the essential requirements. Where life possibly depends upon the operation of the machine, cost is not a feature, and only an apparatus that can be depended on twenty-four hours per day under all weather conditions should be used. The Carrier washer fills these requirements.

Some installations:

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County Hospital, Los Angeles, Calif.  
Mt. St. Mary's Hospital, Niagara Falls, N. Y.  
Orange County Hospital, Los Angeles, Calif.

Robert W. Long Hospital, Indianapolis, Ind.  
Battle Creek Sanitarium, Battle Creek, Mich.  
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Many hospitals are using our air washers in connection with their general ventilating system.

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One morning not long ago two letters that came in the same mail enabled HOSPITAL MANAGEMENT to perform a service to two parties. One of the letters was from a superintendent who was looking for a hospital of a certain definite character and size; and the other was from a hospital of just that character which was looking for a superintendent!

Of course, our ability to bring together the executive and the position is not always exercised in this way, but the suggestion was presented that it would be a good plan to make HOSPITAL MANAGEMENT the medium for the presentation of wants of this sort—"Positions Wanted" on the one hand, and "Help Wanted" on the other.

Hereafter HOSPITAL MANAGEMENT will publish *without charge* want ads of this nature for its subscribers. We know that there are often conditions which make changes desirable, and under those circumstances we shall be glad to assist in locating our readers satisfactorily and happily, where they can do their best work.

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# HOSPITAL MANAGEMENT

Published in the Interest of Executives in Every Department of Hospital Work

## Sachs Case Stirs Chicago

Tuberculosis Hospital Executive Com-  
mits Suicide After Political Fight

**T**HE resignation of Dr. Theodore B. Sachs as superintendent of Chicago's municipal tuberculosis hospital, following a political fight over the institution, with its tragic sequel in the suicide of Dr. Sachs, has stirred Chicago to the depths. Dr. Sachs, who was one of the leaders of the whole country in the fight against tuberculosis, has been sustained by practically the entire press of Chicago, which has assured the public that he was the victim of a nasty row typical of Chicago municipal politics.

HOSPITAL MANAGEMENT has received from one of the best informed men in Chicago the following statement, which may interest hospital executives:

"Dr. Sachs was unquestionably the victim of spoils politics. He was responsible for the building and equipment of the tuberculosis sanatorium. He put his life into it. He was a brilliant physician, capable of making a fortune in private practice: he left \$15,000 when he died. He helped always and everywhere that he could.

"Dr. Sachs was primarily a physician and much of an idealist—a Russian Jew of the high-strung, keenly intellectual type. It is quite possible that his business management of the sanitarium may have been short of perfection; there may be room to discover extravagance—or what might be so termed by those who want to; there may have been carelessness in keeping records. But Sachs himself was honest, able and self-sacrificing."

A fitting tribute to the memory of Dr. Sachs is to be the erection of a tuberculosis hospital at Naperville, near Chicago, to bear his name. It will be built by subscription at a cost of \$250,000. Plans have been completed by Otis & Clark. A memorial mass-meeting was held by Chicago citizens in the Auditorium, April 9.

Drs. J. L. Lindsey, H. W. Sales, N. R. Newman and others will build a \$15,000.00 hospital at Covington, Tenn.

The board of public service, St. Louis, Mo., will erect three tuberculosis ward buildings at Robert Koch Hospital,

## Kansas Meeting on May 2

Question of Getting Wholesale Rate on  
Groceries to be Given Consideration

The annual meeting of the Kansas Hospital Association will be held in Topeka, Tuesday, May 2, according to announcement of Dr. J. T. Axtell, president, who is head of the Axtell Hospital, at Newton, Kan. The meeting will be held the day before the Kansas Medical Society gathering.

The association will discuss cooperative buying of hospital supplies; securing wholesale prices on staple groceries; training schools for nurses and the taxation of hospitals. In reference to the matter of grocery prices, Dr. Axtell explains:

"We have a retailers' association in this state that is very strong, and so far they have largely been able to prevent the hospitals from buying groceries, etc., direct from the wholesalers at wholesale prices, but we hope to make a change in this."

## Taking University Course

Nurses in Training in Pittsburgh Hospi-  
tals Attend Lectures on Social Problems

**N**URSES in training in Pittsburgh hospitals have been taking advantage of the course in social economy which has been offered by the University of Pittsburgh, under the direction of Dr. Woodhead, of the department of sociology. As none of the training schools are organized to give instruction in social service, the course has been especially helpful. The lectures have been given every Tuesday evening, and the attendance has been large.

Some of the problems of social economy considered in the course are: extent and causes of poverty, accidents, social insurance, sickness and social waste, medical resources of the community and their application to special health problems (medical social service), contagious diseases, child welfare, maternity and infant welfare, aged poor, elements of a rational housing policy, organization and financing of philanthropic work, etc.

The course is divided roughly into 12 medical lectures, 12 lectures in social economy and 2 lectures in clinical psychology.

# Compensation Laws and the Hospitals

Digest Shows Lack of Adequate Provision for Their Work,  
and Suggests Need of Model Section Covering This Feature.

**T**HE report of the conditions developed in Philadelphia by the decision of the hospitals to put workmen's compensation cases on a basis commensurate with the cost of the service, as published in the March issue of HOSPITAL MANAGEMENT, attracted wide attention, and in view of the rapidity with which the whole country is coming under the operation of compensation laws, HOSPITAL MANAGEMENT has secured a digest of statutes on this subject as they affect the hospitals.

It is obvious from even a casual study of the situation that the status of the hospitals has been given comparatively little attention by the framers of compensation laws, and that it would be extremely desirable for the American Hospital Association or some other representative body to draft a model section covering this feature, for presentation to legislatures which may be contemplating the enactment of compensation laws or the amendment of statutes now on the books.

In many cases the amounts provided as part of the indemnity with which to take care of hospital service are painfully small, and in others no provision whatever has been made. And when to this is added the occasional difficulty of getting a fair division of the amount set aside for medical, surgical and hospital services—the claims of attending physicians usually being given priority—it is evident that the introduction of workmen's compensation has not created conditions that are always ideal.

On the other hand, there is no question that the advent of this system marks a step forward in every way. By putting the burden of industrial accidents on the community—which is the final result of such legislation—and relieving the victim of the accident as far as possible, the status of a case of this kind is completely changed. Instead of being a charity patient, accepting whatever service may be provided as a benefaction, he is given certain rights and privileges by the state, and among them is hospital care.

From the standpoint of the hospital, this means that there is no longer any reason why such work should be performed as charity; but it should be charged for on the basis of cost, and the community should be educated to the fact that compensation laws must provide special indemnity sufficient to cover the cost of this service. The situation at present, generally speaking, is only partially satisfactory, but these laws mark the beginning of a new era in industrial work, and as time goes on the matter of hospital care and the proper compensation of the hospitals will undoubtedly receive greater consideration.

One point which should be stressed in this connection is that the insurance companies are much more appreciative of the requirements of the hospitals than em-

ployers, as a whole. This was demonstrated in the Philadelphia case, when the workmen's compensation board charged the hospitals with attempting to "extort" from the employers more than a fair amount for their services, although the charge had been placed at \$2 a day. A representative of the casualty insurance companies carrying compensation risks stated after looking over the schedule that it was reasonable, and was satisfactory to the companies, so that the board has finally concluded that its first conclusions were incorrect.

The same thing is true in New York, where the law provides that no compensation is to be paid for the first fourteen days, with the definite exception, however, that hospital care must be provided and paid for by the employer, and that if this is not done, the employee is entitled to secure it at the former's expense. It has been found desirable by the hospitals to take special precautions to notify employers that their injured employees are being cared for, as provided in the statute, with the recommendation that their insurance companies be notified, as otherwise the employer is inclined to assume that he is not liable for the charge. When the underwriters are given the claim, there is, of course, no difficulty in this respect.

It is important, however, that hospitals keep a careful record of every workmen's compensation case, not only to enable the proper proof to be submitted in connection with the charge in each case, but as a means of determining the results of the operation of the law and other important facts which can be learned only by the study of statistical data. For one thing, it would be possible from such a record to show whether or not the amounts paid the hospital by the state had proven sufficient to take care of the expenses actually incurred in the treatment of the cases.

The following digest shows the states which have compensation laws, with the special provisions made for medical and hospital care:

**Alaska**—The employer is liable in this respect only in cases of death, where there are no dependents, and the maximum expense to be incurred after the injury and before death is \$150.

**Arizona**—Liability of this kind is created only in case of death, when medical and burial expenses are paid by representatives of the deceased out of the lump-sum compensation recovery.

**California**—Employer must furnish such medical treatment, etc., as may be required at time of injury and within 90 days thereafter, but such time may be extended by the commission. If employer fails to provide such treatment, he is liable for the reasonable expense incurred by employee in procuring same.

**Colorado**—Employer must furnish medical, surgical and hospital treatment as reasonably needed during first 30 days of disability, maximum \$100, unless other terms have been arranged by prior agreement. In case of hernia, if employee requires operation, special fee, maximum \$50, to be paid by employer, insurer or commission.

**Connecticut**—Employer must furnish such medical, surgical or hospital treatment as may be reasonable or necessary, or employee may do so at employer's expense. Employer's liability therefor limited to prevailing charges. Employee's refusal to accept such services suspends right to compensation. Special provision for seamen on enrolled vessels of United States.

**Hawaii**—During first 14 days of disability, employer must furnish reasonable surgical, medical and hospital services, etc., maximum \$50. Liability for such treatment is limited to prevailing charges, considering patient's standard of living.

**Illinois**—Employer must furnish medical aid, etc., for eight weeks after injury; maximum amount \$200. But employee may elect to engage his own physician at his own expense.

**Indiana**—Employer must furnish medical aid, etc., during 30 days after injury, and, at his option, may continue same during entire period of disability or any remaining part thereof. Employee's refusal to accept treatment suspends, and may forfeit, compensation for period of continuance. If employer fails to provide such attendance for 30 days, he is liable for reasonable cost thereof, subject to approval of board.

**Iowa**—Employer, if requested by employee or ordered by court, must furnish reasonable medical aid, etc., not exceeding \$100, at any time after injury and until end of second week of incapacity.

**Kansas**—Only in case of death without dependents, employer must pay reasonable expenses of medical attendance and burial, maximum \$100.

**Kentucky**—Employer must provide medical, surgical and hospital treatment, including nursing, medical and surgical supplies and appliances as may reasonably be required at the time of the injury and thereafter during disability, but not exceeding ninety days, unless the board shall otherwise direct, not exceeding a total expense to the employer of \$100. In case of hernia there is a special provision of \$200 additional for an operation. The Kentucky law has just been enacted, and has not yet become effective.

**Louisiana**—During first two weeks after injury, employer must furnish reasonable medical, surgical or hospital services, not to exceed \$100 in value, unless employee refuses to accept.

**Maine**—During first two weeks after injury, employer must furnish reasonable medical and hospital services, etc., as needed, maximum \$30. In case of major surgical operation, if parties disagree on cost thereof, commission must fix amount upon petition of either party.

**Maryland**—Employer must furnish medical or hospital services, etc., as required by commission, not to exceed \$150 in value. If employer fails to provide same after request by injured employee, latter may do so at employer's expense.

**Massachusetts**—Association or insurer must furnish reasonable medical aid, etc., during first two weeks of incapacity, or for longer period in discretion of the board.

**Michigan**—Employer must furnish reasonable medical aid, etc., when needed during first three weeks after injury.

**Minnesota**—Employer must furnish medical aid, etc., including crutches and apparatus, as reasonably necessary for a period not to exceed ninety days. If he fails to provide same, he is liable for expense thereof, maximum \$100; but at any time within 100 days after injury, if found necessary, court may require employer to furnish further treatment, maximum total \$200. Certain limitations placed on employer's liability for such treatment, and in case of dispute, either party may apply to court for approval of amount.

**Montana**—During first two weeks after injury, employer, insurer or accident fund must provide reasonable medical and hospital services, etc., maximum \$50, unless employee refuses same. Cooperative hospitals or hospital contracts authorized, in lieu of foregoing provisions, subject to regulation by board. Special operating fee of \$50 allowed in case of hernia.

**Nebraska**—Employer must furnish reasonable medical aid, etc., as and when needed, during first 21 days of disability; maximum \$200. If employee refuses such aid, employer not liable for any consequent aggravation of injury.

**Nevada**—Employer must provide such medical, surgical or hospital treatment as may be reasonably required at time of injury and thereafter, maximum period 4 months; otherwise employee may do so at employer's expense, or he may elect to receive such aid through compensation. In latter event employee's cause of action against employer is to be assigned to the commission. Employers are authorized to effect a mutual or cooperative arrangement among themselves or with their employees to provide such treatment, and to deduct from employee's wages not more than one dollar each per month to contribute to cost of such arrangement.

**New Hampshire**—Liability for this service provided only in case of death without dependents; employer must pay expenses of medical attendance and burial, maximum \$100.

**New Jersey**—Employer must furnish reasonable medical aid, etc., as and when needed during first two weeks after injury, maximum \$50, unless refused.

**New York**—Such medical aid, including crutches, apparatus, etc., as required or requested by employee, must be furnished by employer during 60 days after injury. Charges therefor subject to regulation by com-

mission, and limited to those that prevail in community for similar treatment of persons of like standard of living.

**Ohio**—Commission, in its discretion, may disburse for medical aid, etc., such sum as it may deem proper, not to exceed \$200 in any one case.

**Oklahoma**—Such medical aid, including crutches, apparatus, etc., as may be necessary, must be furnished by employer during fifteen days after injury. Charges for such treatment subject to regulation by commission, and limited to those that prevail in community for similar treatment of persons of like standard of living.

**Oregon**—Subject to general rules. Commission may provide or authorize employers to provide at its expense first medical aid, etc., maximum \$250.

**Pennsylvania**—During first 14 days of disability, employer must furnish reasonable medical and hospital services, etc., as needed, unless employee refuses same; maximum cost \$25, except in case of a major surgical operation, maximum \$75. If employer refuses to furnish such treatment upon request, employee may procure same at employer's expense. If employee refuses treatment, he forfeits right to compensation for aggravation of disability resulting from refusal. Employers insuring in state fund are reimbursed therefrom for payments under this section.

**Rhode Island**—Employer must furnish reasonable medical aid, etc., when needed during first two weeks after injury. Charges therefor to be determined by Superior Court in case of disagreement.

**Texas**—Association must furnish reasonable medical aid, etc., when needed during first week of injury. For failure to do so, liable for reasonable expenses therefor, provided notice of injury given.

**Vermont**—During first fourteen days of disability, employer must furnish reasonable surgical, medical and hospital services, maximum \$75. Liability therefor is limited to charges prevailing in community for similar treatment of persons of like standard of living.

**Washington**—No special provision covering this feature.

**West Virginia**—Unless employee is entitled to treatment from some other source, commissioner must pay from state fund for such medical, surgical or hospital treatment, etc., as may reasonably be required, maximum \$150, except that in certain cases of permanent disability, maximum may be \$300. Similar obligation imposed on employers paying compensation directly.

**Wisconsin**—Employer must furnish such medical aid, etc., including crutches and apparatus, as required at time of injury and thereafter during disability; maximum period ninety days. For failure to do so, he is liable for expense thereof. Commission is authorized to pass upon reasonableness of medical and hospital bills.

**Wyoming**—Employee's refusal to submit to medical or surgical treatment forfeits right to compensation.

Payments of compensation not to be made until employee is discharged by physician, except upon latter's order. No provision as to who must pay for such treatment.

**United States**—Under statute covering its industrial employees, no special provision for this feature is made, but full pay is provided for partial disability not to exceed one year, during incapacity resulting from total disability not to exceed one year.

## Explains the \$5 Minimum

Mr. Test Points Out Features of Expense in Connection With Every Industrial Case

**M**R. DANIEL D. TEST, superintendent of the Pennsylvania Hospital of Philadelphia, and chairman of the superintendents' association of that city, which recently announced the reasons for putting industrial work on a \$2-per-day basis, has advised that the \$5 minimum charge decided upon has been one of the sore points with employers and insurance companies, yet without good reason. In pointing out the necessity for this charge, Mr. Test says:

"The admission and discharge of a patient comprehends a full physical examination, preliminary treatment, bathing, bed linen, oftentimes disinfection of clothing, execution of complete records of the case, a full history and all the responsibility that these procedures place upon the hospital. The discharge of a patient often involves a careful examination, special preparation in order that the patient may be moved, completion of all records and the filing of the same. In all these cases reports are called for, the ambulance, oftentimes, has been used, for which no charge is made in Philadelphia; in other words, all the machinery of the hospital, which is necessary in the admission and discharge of a patient, is used just the same, whether the patient remains one day or one month.

"Looking at the matter from the monetary standpoint, and leaving out the humanity side of the question, I am sure all the hospitals would prefer not to have patients for a few hours or a day, even though a payment of \$5 is received."

An interesting feature of the annual meeting of the American Medico-Psychological Association in New Orleans April 3-7, was an exhibition of the industrial products of patients in hospitals for the insane. The work included leather tooling, weaving, embroidery, lace-making, willow work and other handicraft.

Bids will be taken shortly on an extension to the Macon, Ga., Hospital.

The University of Michigan, at Ann Arbor, may build an infirmary for women students. Alumnae have been agitating in favor of the improvement.

The Christian Psychopathic Hospital Association, Grand Rapids, Mich., will build two new buildings, one for men and one for women. Each will have a capacity of 30 beds.

## Much Compensation Work

New York Hospital Averages 50 Cases a Day—How the Situation Is Being Handled

**T**HE New York Hospital, New York City, has been handling so many cases involving the application of the workmen's compensation law that a special department has been organized to take care of this feature. The department is in charge of Miss Katharine Buckley. Dr. Thomas Howell, superintendent of the hospital, reports that it has averaged fifty such cases a day for some time, this large number being attributed to the location of the institution in a district where clothing factories and other industrial plants are numerous.

As a means of insuring the assumption of the obligation by the employer, two form letters are used. One advises the employer that his employee, whose name, with diagnosis and date of first treatment, is given, has applied for service, in the following statement:

"We desire to inform you that the above-named person has applied at the New York Hospital for treatment, and from the information given us, it would appear that the case comes under the provisions of the workmen's compensation law. Unless we are advised to the contrary, we shall therefore charge the expense of caring for the patient to you, **OR IF YOU WILL ADVISE US THE NAME OF YOUR INSURANCE CARRIER, WE WILL SEND OUR BILL DIRECT TO THEM.**

"The regular charge is \$2 for the first treatment and \$1 for each subsequent treatment that may be necessary. An extra charge will be made where an X-ray examination is required.

"A prompt confirmation of the above will be appreciated by us."

This letter is accompanied by another, advising that employers are required to report all accident cases to the Workmen's Compensation Commission, and also that the employer should communicate at once with his insurance carrier. By giving notice in this way, the hospital insures attention being given to the case, and its claim for service being recognized at the proper time.

A special form of house record is kept of all compensation cases, this giving the usual data, with special reference to the name and address of the employer, the nature of the employment, the diagnosis, treatment, etc. This form carries spaces for "Discharged," "Billed," and "Paid."

A good many of these cases are handled first in the emergency ward, and if treatment is needed after leaving, the patient is given a blue identification card and reports at the out-patient department, to which his record card, referred to above, is transferred until the case is finished.

The Charles T. Miller Hospital, Incorporated, of St. Paul, which has a trust fund of \$1,750,000 available, may erect a children's hospital, though this has not been definitely decided.

## Detroit Industrial Schedule

Hospitals Adopted \$2 Per Day Charge in 1914 to Put Compensation Cases on Cost Basis

**D**R. W. L. BABCOCK, superintendent of the Grace Hospital, Detroit, called the attention of HOSPITAL MANAGEMENT, following the description of the Philadelphia situation last month, to the fact that since November 1, 1914, the following schedule of charges for industrial cases handled under the state compensation law has been in effect in that city:

|  |                 |
|--|-----------------|
| Bed, board and general nursing (minimum charge \$5.00), per week.....      | \$15.00         |
| Operating room fee for each operation, large cast, etc.....                | 5.00            |
| X-ray examinations (including a second confirmatory examination).....      | 10.00           |
| Secondary surgical dressings.....  | \$1.00 to 2.00  |
| Ambulance service—\$2.00 for first mile and \$1.00 per additional mile.    |                 |
| Special graduate nursing, including board of nurse, per day.....           | 4.75            |
| Laboratory examinations (seldom needed in accident or surgical cases)..... | \$2.00 to 10.00 |
| Special drugs, serums, vaccines, mineral waters and liquors.....           | at cost         |

At the time the circular was sent out, the case was stated to employers and insurance companies as follows:

"The rate per day for board, bed and nursing of compensation or industrial accident cases heretofore paid the hospitals of Detroit has been insufficient to cover the cost of maintenance of these patients. The deficiency has been made up out of the income from endowment funds or voluntary contributions, which contributions are intended for the maintenance of charity or semi-charity patients.

"The hospitals which are signatories to this schedule are not conducted for profit, and it is not their desire to charge any higher fees for services rendered than a figure approximating the average per capita cost. Accident or surgical cases cost the hospitals more for maintenance and care than any other class of hospital patients. It is believed that the rate of \$15 per week is less than the average cost of maintenance of accident or surgical cases, and one or more of the larger hospitals are now engaged in a system of cost accounting in order to establish accurate maintenance figures. The hospitals reserve the right to withdraw or change this schedule after due notice."

Since this plan went into effect, the only charge made was to put the charge on a \$2 per day basis, for the sake of convenience in billing. This is the rate which drew forth such harsh criticism, for a time, in Philadelphia.

Dr. Babcock advises that, with possibly one exception, the schedule as shown above has been in effect ever since the date of the circular. The hospitals which signed the announcement, besides the Grace, were the Harper Hospital, St. Mary's, Providence Hospital, Samaritan Hospital and Boulevard Sanitarium.

# Ambitious Program for The Ohio Convention

Workmen's Compensation, Equipment of Tuberculosis Hospitals, Housing of Employees and Other Topics to be Discussed at Cincinnati Gathering

**P**LANS for the meeting of the Ohio Hospital Association in Cincinnati, May 24 to 26, inclusive, formed the principal topic of discussion at the meeting of the Cincinnati Hospital Association, March 21 at the General Hospital. Dr. A. C. Bachmeyer, chairman of the committee on arrangements, outlined the tentative program which had been prepared by the committee, the other members of which are Miss Alice Thatcher, superintendent of Christ Hospital, and Rev. A. G. Lohmann, superintendent of the German Deaconess Hospital. The general order of the program of business and entertainment, as prepared by the committee, was given out by Dr. Bachmeyer, and received the approval of the Cincinnati hospital executives at the meeting. It is about as follows:

Wednesday, May 24, First Day.—Registration, etc., until 1:30, at convention headquarters (Hotel Gibson).

1:30—Called to order; reading of minutes; address of welcome by Mayor George Puchta, of Cincinnati.

Response and president's address, Dr. E. R. Crew, superintendent Miami Hospital, Dayton.

Three papers, 15 minutes each, followed in each case by five minutes' discussion. Topics which have been suggested for these are:

"Ohio Tuberculosis Hospitals and Their Equipment and Operation."

"Hospitals and Workmen's Compensation"—By Wallace D. Yaple, chairman Ohio Industrial Commission.

"Community Responsibility for the Care of the Sick Poor"—By Dr. Bunn, of Youngstown. Discussion by Father LeBlond.

Evening—Paper by Dr. J. B. Murphy, of Chicago, and discussion.

Thursday, May 25, Second Day.

9 a. m.—Visit to Cincinnati Tuberculosis Hospital by visitors interested. Remainder to assemble for round-table discussion of various subjects, including the following:

"Charity Work."

"Training of Nurses."

"Housing of Employees—What Employees Should be Housed?"

"Organization—Construction—Management."

11:30—Buffet luncheon at Cincinnati General Hospital—inspection of buildings, and visits to the Good Samaritan and Christ Hospitals. Tours of city.

6:30—Dinner—music and addresses.

Friday, May 26, Third Day.

9 a. m.—Committee reports.

Election of officers.

Symposium on State Nurses' Registration Bill, led by Dr. Cherington.

Adjournment.

In connection with the discussion of the possibility that nurses trained in hospitals of less than fifteen beds may be admitted to registration, Dr. Bachmeyer, referring to this part of the program, pointed out that the State Association will probably find it necessary to place itself on record on the subject one way or the other, and therefore suggested serious consideration of the matter in the interim before the convention.

A point of some importance brought up at the meeting by Dr. Scott, of the State Medical Board, who was able to be present, was the disposition of the fund in the hands of the Board accruing from the ten-dollar license fee paid annually by each of the 3,800 registered nurses in Ohio. He declared that the fund should be devoted to some work of a practical nature, calculated to help the nurses and the hospitals, instead of being diverted to some use foreign to the nursing field, and that if some such expenditure is not authorized, the State should in fairness contemplate ultimately either a reduction in the charge or an annual refund to the nurses of any surplus left over after paying administration charges.

The next meeting, to be held on April 18, will bring up a discussion of the matter of charges, which is an exceedingly live topic just now, by reason of the rapidly increasing prices of provisions and the various factors of service. It was pointed out by several members that in most cases charges were fixed years ago, and have for some time been inadequate. It is anticipated, therefore, that the discussion of this topic will be warm and to the point.

Washington, the nation's capital, the city of magnificent distances and impressive public buildings, is without a first-class municipal hospital, and efforts are now being made, backed by strong press support, to secure its establishment. The Washington Asylum and Jail, which now serves the purpose, is declared to be inadequate and unsanitary.

In order to create cheerful surroundings, which are undoubtedly conducive to more speedy recovery, the state board of control at Nashville, Tenn., has ordered pictures to be placed on the walls of the living, reading, and bed-rooms of the state hospitals. Paintings, lithographs and photographs are to be used.

City editors employed on daily newspapers all over Ohio visited the Lima State Hospital on the occasion of their recent convention in that city. Incidentally it is probable that giving the newspaper boys an occasional look inside some of the state institutions would help to get public support for needed improvements.

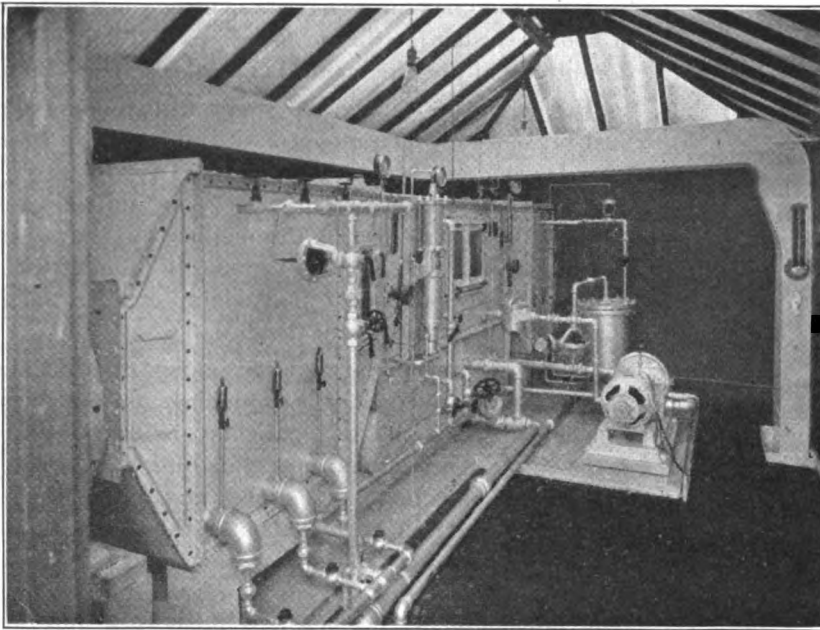
The Lake Julia Sanitarium, on Lake Julia, in Minnesota, will open in a few months. It is being built at a cost of \$60,000.

# Successful Baby Incubator Installation

Allegheny General Hospital of Pittsburgh Has Equipment  
Designed Along New Lines—Results Have Been Excellent

By T. A. Weager

[Editor's Note: Mr. Weager, who designed the plant described below, in collaboration with Dr. Harold Miller, staff obstetrician of the Allegheny General Hospital, is in the engineering department of the Carrier Air Conditioning Company of America at Buffalo. The incubator was presented by Mrs. George C. Jaeger, of Pittsburgh, as a memorial, and cost \$2,500.]



Mechanical Installation to Control Humidity, etc. This part of the plant is on the roof of the Hospital.

**T**HE term baby incubator would seem to imply something which is impossible, but this is not the case, as a system has really been installed in the Allegheny General Hospital at Pittsburgh, which is actually incubating babies.

For many years the problem of taking care of premature children has been confronting the obstetrician. A sort of oven, which was kept at a uniform temperature and moisture supplied by evaporation has been used for several years, but with this arrangement the air became stagnant and dry, and the desired results were not accomplished.

The present system as now installed is very complete, and would seem quite complicated to one unfamiliar with its operation, but it is entirely automatic and requires very little attention.

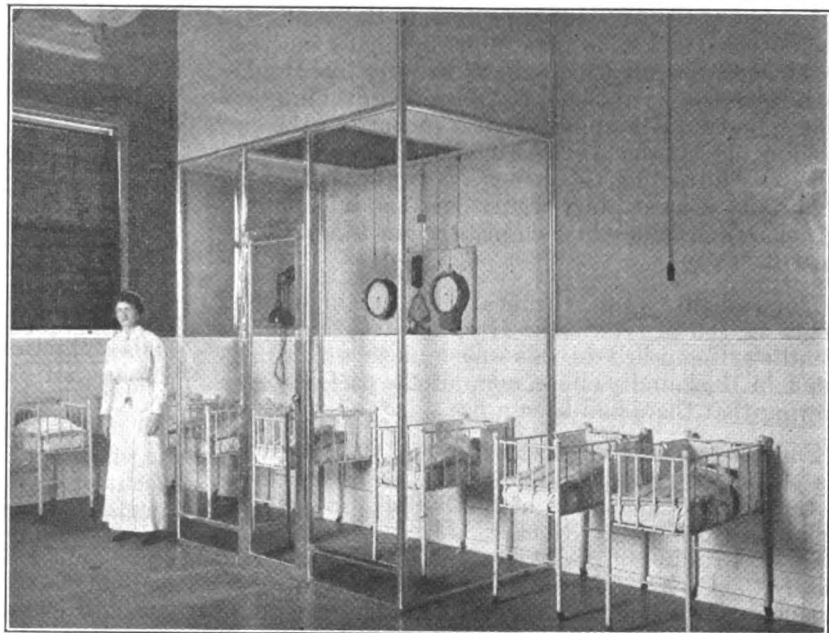
The conditioning apparatus is located on the roof of the hospital, some distance from the incubator room. The cold air is taken from the outside and drawn by means of a Buffalo centri-

fugal fan, belted to an electric motor. The air passes first through a set of heating coils, which raises the temperature above freezing. It is then drawn through a Carrier Air Washer and Humidifier, where it comes in contact with a finely divided mist of water. The water is forced through the nozzles located in the spray chamber by means of a small centrifugal pump, direct connected to an electrical motor. The dirt, bacteria and other ingredients contained in the air in passing through this fine mist is laden with moisture, and is taken out at discharge by means of a set of vertical eliminators.

A very essential feature is to control the amount of moisture in the air. This is accomplished by automatically admitting hot water with the cold as it is forced into the nozzles.

After the air has been thoroughly washed, impurities removed and supplied with a predetermined amount of moisture, it is drawn through a second set of heating coils, where it is heated sufficiently to maintain the temperature in the incubator-room. From the heaters the air goes into the fan and is forced through a duct to the incubator

room, which consists of a glass case approximately 4 feet wide, 7 feet long and 8 feet high, having sufficient space for four baby beds. The air enters at the ceiling,



Baby Incubator in Use in Nursery of Allegheny General Hospital. / All babies are placed in it for 48 hours after birth.

at a very low velocity, and leaves through registers at the floor line.

A thermostat in the room controls the temperature within one degree, as indicated by recording temperature chart. The humidity is also recorded by means of a dew point recorder.

The apparatus is very flexible, and lends itself so that any condition can be maintained from 100° F. with 30 to 95% relative humidity down to 60° F. at 40 to 98% relative humidity.

On the back of the recording charts, which are changed daily, a record is kept, giving the child's name, weight, date of birth, and general condition. When child is taken from the incubator the conditions are again recorded, with the length of time it remained in the incubator. This gives a permanent record both for atmospheric and health conditions.

The apparatus is run 24 hours a day and not only premature children; but every child born in the hospital is placed in the incubator for a short time, the normal period being 48 hours.

The incubator room is of sufficient size to admit a cot, so that different diseases, such as pneumonia, asthma, etc., can be dealt with if desired.

A children's auxiliary has been formed by the Homeopathic Hospital, of Wilmington, Del., which was organized at a "party" given at the institution recently. About sixty enrolled, the object being to stimulate interest in the children's ward.

In order to avoid the use of barred windows, which always detract from the appearance of hospitals for the treatment of mental cases, the architect who has designed new cottages for the state insane hospital at Pueblo, Col., has provided for the use of steel windows with small panes, the steel frames being sufficient to serve the purpose. Recreation-rooms are also provided for in the new buildings.

In view of the frequent objections to the location of tuberculosis hospitals in their midst by highly imaginative citizens, the following remarks of Dr. Olive Hughes Kocher, who spoke at Elgin, Ill., recently are of interest: "The tuberculosis hospital is not a menace to the surrounding neighborhood. It is the safest place on earth, as far as contracting tuberculosis is concerned, on account of its strict sanitary regulations, and infections of physicians and nurses in such institutions is almost unheard of."

How about your chemical fire extinguishers? Nurses in the St. Barnabas Hospital at Minneapolis recently extinguished in this way a blaze which originated in the laundry chute, none of the patients even knowing that there had been a fire.

Suggesting that civil service is hardly to be regarded as a panacea for all the ills that hospital service is heir to, the board of managers of the Suffolk County Tuberculosis Hospital, at Riverhead, L. I., recently protested that it did not desire a competitive examination held by the Civil Service Commission to select a superintendent. It was explained that the requirements of the position, which pays from \$2,000 to \$2,500 a year, are such that the managers should be able to pick just the sort of man they need.

## For the Elimination of Dust

Suggestions of a Practical Character,  
With Special Reference to Tuberculosis

By H. Freudenberger, M.D., Assistant Superintendent  
and Resident Physician, Cincinnati  
Tuberculosis Sanatorium

PEOPLE associate the odor of carbolic acid with cleanliness, from the standpoint of disease prevention; it produces a sense of security, because it has been widely used both as a disinfectant and as a germicide.

For about one year we have been using a new method of floor-cleansing for the wards, offices and employees' dormitories at the Cincinnati Tuberculosis Sanatorium.

Formerly the wards were swept with brooms and dust-brushes and then mopped with soft soap and water. During the sweeping process and for some time afterward the patients themselves were not only exposed to the dust created by this method, but the nurses and physicians, whose duties necessarily brought them into the wards, were also unavoidably exposed to infection by the inhalation of the dust.

A practice that permits a large amount of dust to be stirred up in tuberculous surroundings is positively dangerous. Although our patients are cautioned to cough into a piece of gauze, provided for this purpose, they nevertheless forget sometimes, and the small particles of sputum that are forced out of the mouth during a coughing spell may contain large numbers of tubercle bacilli, which, when the particles of sputum in which they are contained become dry, constitute infection carriers and are an impending source of danger.

At present we are not sweeping our floors, but are mopping them with soft soap and water, followed by another mopping, consisting of 1-500 solution of Neko (approximately a half ounce of Neko to a mop bucket nearly full of water). The water is always added to the Neko with constant stirring. Never add the Neko to the water, because the solution is not so perfect.

[Neko is a coal-tar product, prepared by Parke, Davis & Co., Detroit.—Editor's Note.]

The St. Michael's Convalescent Home, which is to be established in Cincinnati, will develop a class of work which is badly needed in most cities, whose public hospitals of necessity discharge patients who are cured, but who are not yet ready to resume the normal duties of life. The proposed institution, which is to be started by Howard M. Bacon and associates, will be located on a site of 70 acres, and will give discharged patients the benefit of two weeks in the country under conditions calculated to result in a rapid increase in strength.

The State Hospital at Larned, Kan., is to duplicate the plan of the Kalamazoo State Hospital in Michigan, described in last month's issue of HOSPITAL MANAGEMENT, by establishing a canning plant to take care of the surplus crop of vegetables raised on its farm this summer.

# Handling the Food Problem in a Big Hospital

Methods in Use at Bellevue and Allied Institutions Described in Detail—Standard Diets for Regular Patients

*By Irene Hyland, Head of the Dietary Department, Bellevue Hospital, New York*

[EDITOR'S NOTE—The following is part of an address delivered recently at Columbia University by Miss Hyland, who is in charge of the food supplies of Bellevue and four allied municipal hospitals.]

**R**EGULAR contracts are made for supplies for certain periods, monthly or yearly. Advertisements are inserted in a city record newspaper that tenders are required for certain amount of food stuffs, drugs, automobile supplies, fodder, cotton, gauze, crockery, etc. Sealed bids must be sent in and are opened before a committee of the whole at a certain specified date, hour and place. Samples of what is required or written specifications can be obtained at the hospital, so that the bidder can have no excuse for substituting an inferior grade or article. The lowest bidder, of course, obtains the contract.

The supplies are delivered to the stores and sent out as ordered to the wards or to the other departments. Requisition blanks are made out in duplicate as necessary daily, weekly, monthly by the person whose department requires the article and then O. K.'d by a superintendent. They are then stamped by a numbering machine and sent to the store. When the order is filled, the duplicate sheet is sent with the goods as a check, and the original, already checked, is sent to the audit clerk, who charges it to the department ordering.

As head of the Dietary Department, I have one large kitchen with a force of 8 men, which feeds all the patients on regular diet, usually about half the census or about 800, and the common employees, about 450. Seventy employees are on night watch, and have a mid-night meal. There is a dining-room for the 100 doctors and one for the 125 clerks or upper employees, with a small dining-room for heads of departments and paid doctors. These are all fed from one kitchen with another force, this time with a woman cook, but there I also have three men for the heavy work for the dumb waiter, garbage, ice cream, etc. The female nurses have their own home and dining-room with its own force, as does the male attendants' home.

Then there is the special Diet Kitchen for the very sick patients, where soft foods are cooked by the nurses in training. Special Diet Kitchen slips, with a printed list of dishes, etc., that can be supplied must be sent in at 4 p. m. each day. The articles required and the number of patients must be checked off and the slip signed by a visiting physician or surgeon. My assistant I place in charge of this kitchen, and it usually keeps her busy, as we have but two nurses and a maid, and usually there are at least 600 patients fed from here.

I have forty-eight employees in my department whose wages run from \$17.50 a month up to \$75. The cooks receive \$75, \$60, \$35 and \$25, according to the position. The rates for kitchen helpers are: women,

\$17.50; men, \$20; waitresses, \$17.50; \$30 for a head waitress; waiters, \$20; butchers, \$50 to \$60.

In the butcher-shop I have three butchers and a helper. We receive all our meat in carcass, cut it up and send it by motor truck to the four allied hospitals. I order, receive and inspect all this beef, chicken, fowl, mutton, veal, pork, ham, tongue, bacon, fish, etc. My meat orders alone per month amount to over \$1,100. I also order, receive and inspect all the fresh fruits and vegetables in season. These amount to about \$2,500 per month. I have the bread and milk also to look after, receive and distribute. We use daily about 2,000 pounds of bread and about 2,000 quarts of milk. Butter and eggs are distributed daily from the store under my O. K.'d requisition.

I have a store-room where I store certain supplies that I order monthly, such as cereals, canned fruits, pickles, olive oil, cocoa, baking powder, etc. These are given out daily as required. Daily requisitions for perishable supplies, or those for which we have no store room space, are made on the store.

Regular diet patients have for breakfast: cereal, sugar, milk, an egg, bread, butter, coffee.

Dinner: Soup, a roasted or boiled meat, a vegetable, bread, butter, coffee. Soup is omitted on certain days, and a pudding, as bread, rice, corn-starch is given. Soups are thick soups, as pea, bean, rice and sometimes barley.

Supper: Tea, bread, butter, macaroni and cheese, or potatoes or tomato or rice, or pork and beans, some kind of stewed fruit, peaches, prunes, apples or apricots.

Special diet patients have chopped meat or chicken, stewed or creamed, mashed potatoes, a soft pudding, as rice, tapioca, custard, etc., soup, fresh vegetables, especially for diabetic, nephritic patients. Cream and ice-cream are also sent to the wards from the Diet Kitchen. Patients' messes are more or less routine, as they are supposed to remain but a comparatively short time in a hospital.

For doctors, nurses and employees, every effort is made to vary the messes. I make my menus out for a week, beginning from Tuesday morning, and post these on Sunday morning in the kitchens and service-rooms, so that plans may be made for the cooking and service. Employees are given dinner at noon, doctors and nurses lunch with night dinner. At Christmas and Thanksgiving regular feasts are provided for everyone connected with the hospital. Last year at Christmas 3,700 pounds of turkey, about 395 birds, were used. Each turkey must weigh at least ten pounds and is undrawn. Cranberry sauce, sweet and Irish potatoes,

(Continued on Page 22.)

# THE HOSPITAL ROUND TABLE

## Care of Battleship Linoleum.

A hospital superintendent appealed to for suggestions on the care of battleship linoleum submitted the following cleansing formula:

Five gallons turpentine; 30 ounces paraffin; 20 ounces of yellow wax, blended in a steam-jacketed kettle. Add one ounce of ammonia water to each pint after the mixture has cooled. Without ammonia water the floor polish is rather gummy.

The following comment is added: "We use this formula, and we treat battleship linoleum in the same manner as a polished wooden floor. A short-string mop, an old one cut down to about three inches in length, is used to apply the polish; then it is heavily weighted. The first part of the heavyweight work is done with just the heavyweight, and finished with a flannel cloth under the weight.

"On a new floor the polish is applied every day for a week before using, if possible, and then followed up once a week. We wash the floors only when the wards are being house-cleaned. Soap and water remove the polish, and the same process is then followed as given above. Soiled spots, not removed by the polish, are taken off by the application of turpentine on a small vegetable brush.

"As turpentine is a cleansing medium, we do not think it necessary to use soap and water, except as suggested above. We suggest that only a thin film of the polish be used on the floors."

## Increasing Ironing Efficiency.

In laundries where electric irons are in use, it is sometimes found that the irons do not remain hot enough to enable them to be used continuously, and the result is that the ironers lose some time waiting for the irons to heat up. A laundry superintendent in an Ohio Valley hospital solved the problem by providing each ironer with two irons, so that when one cools the other can be put to service without loss of time. They are wired to the same plug.

## Handling the Visitors.

Proper handling of visitors is always a problem. In order to save time in answering inquiries, one municipal hospital has a duplicate list of patients, which is carried on a revolving stand similar to that used regularly, but much smaller. It is arranged alphabetically, instead of by wards, but the ward where the patient is is indicated after the name. This stand is placed on a large table in the lobby of the hospital, and on visitors' days a nurse is stationed there to answer inquiries and furnish directions. This saves a lot of steps for the office people.

In a Pittsburgh hospital where there is but one elevator used for visitors to ward patients, checks are issued at the office, and these must be given to the ele-

vator man. Inasmuch as there is no other way of reaching the wards, it is impossible for anyone not authorized to obtain admission.

## "Watch Your Step."

Speaking of elevators emphasizes the fact that more accidents happen there than anywhere else in the hospital. This is due principally to carelessness on the part of operators or passengers. The superintendent should constantly emphasize the need of great care in the use of elevators, because serious liability may be assumed by the institution otherwise.

Some hospitals advise that automatic elevators, in which the stops are controlled by push-buttons, not only save expense in eliminating the necessity of special operators, but also are safer, as there is no danger of the elevator being started before the passenger gets off.

## Location of Bath-Tubs.

The "built-in" type of bath-tub is exceedingly attractive, and for the home the plan of having it in a corner, with but two sides exposed, is good. However, the requirements of a hospital are different, and in bathing patients it is desirable to have access to the tub from as many sides as possible. That is the explanation given for the plan of placing the tub several feet from the wall, so that it may be approached from three sides. Thus a nurse can get on each side of the patient, and in the case of those who are hard to handle, it is a big advantage to be able to do this.

## Getting Rid of Noise.

Noise from the outside, while objectionable, can not always be got rid of, but noise in the hospital is "something else again," and an effort should be made to control it. It is especially desirable, from a practical standpoint, that those who are occupying private rooms should be protected from noises from the wards, the elevators, etc. In one hospital which the writer visited recently, certain sections had been cut off by the simple means of building partitions in the halls to enclose them. This prevented objectionable sounds from being heard, and made conditions for the patients much more comfortable.

## A Simple Signal System.

The Allegheny General Hospital, Pittsburgh, has put mirrors to use as a means of signaling. The signal system consists of lamps placed about five feet from the floor on the side of the door-frame, but there is no wiring to connect the lamps with a central point on the floor. In order to enable every lamp to be seen by the head nurse on each floor, convex mirrors have been placed at the corners of the halls, and these project the reflection at right angles, giving a clear view of it from "around the corner." This simple and effective plan, which was

put into use several months ago, is said by those connected with the institution to be quite satisfactory, and of course the cost of installation was small.

### The Why of a Chart Room.

The plan of having desk-work handled in the hall of the hospital, and charts thus placed where they are, in effect, on public view, is open to obvious objections, though often resorted to because of lack of more desirable quarters for this work. Sometimes embarrassing complications result from charts being read by visitors or other unauthorized persons, and explanations which explain are not always forthcoming. It is far better that special provision be made in the way of a chart-room, as this not only enables the work to be done more efficiently, but keeps the charts out of the sight of those who are not properly interested.

In some cases, too, rooms which might be used for patients are given up to this purpose, thus reducing the possible earnings of the hospital. In one instance where this was realized, it was found possible to make use of an alcove in the center of the hall on each floor, thus restoring to productive use a number of bed-rooms.

### Should the Nurses Pay?

In these days of high cost of clinical thermometers, not to mention other items of hospital equipment, any plan which will penalize carelessness sounds attractive. One superintendent of nurses in a 350-bed hospital found that thermometers were being called for at an astonishing rate, and concluded that the nurses were careless because they did not realize the value of the articles which were being broken. She announced that thereafter the nurses who broke thermometers would have to replace them at their own expense. The number broken fell off immediately. This may not be a typical case, but it is at least suggestive.

### Marking the New Arrivals.

While it is of course true that few authentic cases of babies in hospitals being "mixed" have ever been recorded, it is also true that too much reliance is sometimes placed on the usually sure instinct of the mother, who is able to identify her own child without difficulty. Various methods of marking are in use, but hardly any of them seems ideal. Some hospitals place strips of adhesive plaster on the back of the neck—this is better than the back of the hand or the wrist because it can not be pulled at by the infant, though both are open to the objection that removing the plaster is usually painful; others use tags, corresponding to labels pasted on the beds in the nursery; and some employ labels pasted on the stomach-bands, which are kept in use in most cases long enough to enable the child to develop its individuality. Another idea is the use of an armlet, which has the advantage of never having to be removed. Hardly any of the methods suggested is ideal, and if you have a better, suppose you describe it for the benefit of others.

### The Value of Common Sense.

The hospital superintendent who lacks common sense is foredoomed to failure. The use of it means better management, greater efficiency, reduced expense.

Not long ago complaint was made to the superintendent of a new hospital regarding the sterilizer in one of the operating-rooms. It was between two doors, and when the sterilizer was opened, steam from it was carried by the draft into the operating-room. The problem was obviously one of ventilation.

The chief of the medical staff was for having the architect correct this, and the latter was called in. He figured out a plan of cutting a hole in the ceiling, making a connection with the main ventilating pipes and getting rid of the steam that way—at an expense of only \$600 for construction work.

"Wait," suggested the superintendent.

He did a little thinking, and then had a small fan placed just above the window of the room in which the sterilizer was located. It was put in motion, and worked like a charm. The difference in favor of this common-sense plan was exactly \$584.

### Cutting Down Linen Expense.

Linen has been one of the numerous hospital materials which have shot up in price on account of the war.

The hospital must have linen, of course; but the proposition is to use linen only where it is needed, and to substitute other materials for work where they are suitable, and where linen has been used merely from habit.

In one hospital it had been the custom to wrap instruments in linen towels when sterilizing. Since the war muslin is used instead. Where the material is likely to be blood-stained, linen of course must be used; but muslin will do just as well for work which does not involve stains of this character.

### Insecticide Formulae.

HOSPITAL MANAGEMENT has been asked to furnish formulae for insecticides by a superintendent who has been troubled in this respect. Dr. J. W. Fowler, superintendent of the Louisville City Hospital, who is a graduate in pharmacy and has had much experience, recommends the following:

For roaches—Powdered borax, 1 oz.; powdered sugar,  $\frac{1}{2}$  oz.; calomel,  $\frac{1}{2}$  oz. Mix well and place in cracks and crannies where they are numerous.

For ants—Persian insect powder, 1 oz.; powdered capsicum, 1 oz.

For mice—Corn-meal, 1 oz.; grated cheese, 1 oz.; calomel,  $\frac{1}{2}$  oz.

The Salem, Mass., Hospital Corporation has awarded contracts for the construction of a new plant. The new site commands a fine view of Salem harbor. The old building was practically destroyed in the conflagration of 1914. The capacity of the new plant will be 134 beds.

# Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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APRIL, 1916.

No. 3

## Calendar of Hospital Events

Kansas Hospital Association, Topeka, May 2.

West Virginia Hospital Association, Wheeling,  
second week in May.

Ohio Hospital Association, Cincinnati, May 24-26.

Hospital Section, American Medical Association,  
Detroit, June 12-16, inclusive.

American Hospital Association, Philadelphia, Sep-  
tember 26-29, inclusive.

## Some Aspects of Workmen's Compensation.

Workmen's compensation, as a vital factor in the management of hospitals, deserves consideration.

This is an industrial age; and the number of industrial cases handled by every hospital in a manufacturing community is a large percentage of the total. The system which transforms these from charity work to cases able to pay their own way—because the burden has been definitely transferred from the individual to the community—is obviously a factor for good, and the hospital is not the least of those whom it benefits.

True, adequate provision for hospital care has not always been made, as a scrutiny of the provisions of the various state laws, presented in the leading article in this issue, will demonstrate; but just as half a loaf is better than no bread, some provision is infinitely to be preferred to none; and the important thing is that the principle has been laid down, and the way cleared for a sane, humane and just treatment of cases of injury arising out of the operation of industrial plants.

The suggestion made in the article referred to, that hospitals should draft a model section covering their interests, for presentation to state legislatures considering this subject, is well worth considering. It may result in pointing the way to a betterment of conditions, which at present can hardly be described as ideal.

## Putting Nurses on Their Honor.

Recently the superintendent of an up-to-date small hospital in a Middle Western city decided that the time had come when the honor system could well be introduced into her hospital, with special reference to the nurses in training. She announced to them that thereafter they would not be regarded as legitimate objects of espionage, but that they would be trusted, being put on their honor to obey the rules and to live up to the regulations as best they could.

That was long enough ago to have enabled her to determine whether the plan is "workable"; and her latest report is decidedly in the affirmative. There is certainly a suggestion here for other hospital executives, for in the average institution one of the things which does so much to lower the tone of the house is the atmosphere of suspicion which is created by the constant effort to "catch" the student, who, under the conditions, is taking a sporting chance in endeavoring to violate the rules laid down for her conduct.

Now, it is probably true that in the large hospital, where the number of students is much greater than in the institution referred to, and where the personal factor is more difficult to develop, the honor system might be exceedingly hard to operate. In the smaller hospital, where it is easily possible to create a home-like atmosphere, it seems thoroughly practicable, and certainly that home-like condition can not be introduced if a system of military discipline, with all its suspicions, punishments and iron-clad laws, is to prevail.

## Hospital Executives and the Wanderlust.

Did you ever stop to think how many changes occur in the executive staff of the average hospital, big and little?

While there are some notable exceptions, these are still exceptions, and it remains true that the tendency on the part of most superintendents and other executives is to change positions at intervals.

This evidence of wanderlust may be defended on the ground that only by moving from one institution to another and studying variations in hospital practice can one develop the greatest possible ability as a hospital executive. There may be something in this, and yet one could as readily assume that it would be possible to grow with the institution, rather than to consider one's self as necessarily restricted by its limitations.

No one can remain in an institution for long without developing a strong sentimental attachment for it, provided the circumstances of one's work are all that they should be; and it is not always certain that these happy conditions will be repeated elsewhere. Hence, if continued growth and development are possible in that hospital, the burden of proof is decidedly on the proposal to take some other position.

Many changes are of course in the nature of promotions, and it is splendid to see evidence of recognition of

merit in this form. On the other hand, there are others which indicate nothing except restlessness; and a disposition to move for the sake of change, rather than for opportunity to grow, is something which should be curbed.

Incidentally, the best managed hospitals seem to be those where the superintendents are veterans, rather than "new beginners."

### Where the Small Hospital Falls Down.

In an effort to reduce the amount of clerical work to a minimum, many a small hospital fails to make the necessary discriminations in its charges, with the usual result that it is constantly rendering service for which it is not being paid. In other words, a system of flat rates is devised, and this is applied generally, though the cost of the service rendered may and does vary to a large extent in individual cases.

In one hospital in a small town in the South, which was recently taken charge of by an up-to-date superintendent, it was found that the rooms were being offered at flat rates, with no extra charges for dressings. Apparently the cost of the latter was included in the general room charge, but it was equally clear that under this system either some patients were paying too little or others were paying too much.

The new superintendent made up her stocks of dressings, figuring the cost of the material and the labor of preparation at a reasonable amount, and inventorying the stock, with the prices indicated. When dressings were issued, the value of each item was set down in a book opposite the patient's name, with the result that those whose cases required more than the ordinary amount were charged accordingly.

There was some objection at first on the part of the physicians who patronized the hospital, but they later agreed that it was only fair that each patient should pay for what he received, and that only. This was the net result of the new plan, while the hospital received enough additional revenue to make the difference between a small deficit and a comfortable margin in the course of the year's work.

In another case a small hospital, the smallest, in fact, in its community, which is a good-sized city of the Middle West, had placed the fee for the use of its operating room at an arbitrary level, determined by the rates charged by other institutions, rather than the value of the service. The charges had been made low enough to make the rates seem attractive in comparison with those of other hospitals, rather than high enough to pay the cost of providing the facilities.

When this was finally figured out, it appeared that the hospital was really losing money on the proposition, by the time the value of the services of the nurses was taken into account; and under a new regime the charge was put at the proper figure.

The hospital, no matter how small, should know what it costs to produce service, and should charge ac-

cordingly. It can not afford to grope in the dark on this subject and it is better to put additional help into the office than to attempt to get along with guess-work instead of facts as a basis for the operations of the institution.

### Good Humor as A Business Lubricant.

Nothing oils the wheels of business like good humor, and the person who supplies this kind of lubricant finds that things invariably run more smoothly. This applies not only to dealing with others engaged in hospital work, but with those outside with whom the institution has commercial relations.

Miss Irene Hyland, head of the dietary department of Bellevue and Allied Hospitals in New York, evidently has cultivated a spirit of cheerfulness, for she finds time to smile at things which would irritate a good many others. In a recent address at Columbia—part of which is reproduced on another page—Miss Hyland said:

"One finds some firms especially exasperating, those where one has to deal with women being the worst. Probably this is because the men who are responsible for filling and dispatching orders never give *them* any information. Then you will get the fat man who promises everything, which you seldom get, and who you are afraid will have apoplexy some day while he is gurgling at you. Follows the Irishman whose English you can't understand, the fresh young thing who tells you that he will do anything for *you*, the polite few who madam you at every word, down to the man you have just been scolding for his dilatory delivery, who tells you to 'keep your shirt on, little girl, keep your shirt on,' when for all he knows he might be talking to his grandmother. All these have to be handled diplomatically, and nothing is ever gained by losing one's temper."

In addition to being a philosopher, Miss Hyland is also something of a humorist—which, by the way, isn't a bad combination for a dietitian!

### The Value of Local Associations.

The recent episode in Philadelphia, growing out of the action of the hospitals there in raising the charge for ward treatment of industrial cases from \$1 to \$2 a day, under workmen's compensation, furnished a fine demonstration of the value of local association work.

In the first place, the increase, which was amply justified by the cost of providing the service, would probably not have been put into effect by individual action and the organization of the superintendents enabled an agreement to be reached on this subject and uniform action to be taken.

When the change in the schedule was severely criticised by the Workmen's Compensation Board, as a result of a misapprehension of the facts, Mr. Daniel D. Test, speaking as chairman of the superintendents' organization, rather than as superintendent of the Penn-

sylvania Hospital, answered the criticism logically and effectively, putting the case for the hospitals in a dignified and convincing manner. Possibly it would have been difficult for an individual institution to have met the issue, but there was no question of the propriety of Mr. Test, as the representative of all the hospitals, taking the action which he did.

Perhaps the growing activity of local associations will result in an elimination of the competitive element in hospital work, commented upon by Mr. Test in a letter to HOSPITAL MANAGEMENT as follows:

"I would be sorry indeed if those of us engaged in hospital work were to lose sight of the original purpose for the establishment of hospitals, i. e., the care of the poor sick and insane, but I do think it is high time that we fully recognize the fact that this purpose has been greatly abused by treating as charity patients persons who are able to pay, and I think hospitals themselves are largely responsible for this condition.

"The actual competition for cases practiced by many hospitals in the past (and I am afraid the practice still obtains) is not a credit to our institutions, and is largely due to the perversion of their proper function."

### Notes and Comment.

The Charities Bureau of the Philadelphia Chamber of Commerce has undertaken an interesting investigation of the hospitals for the purpose of determining whether or not, from the standpoint of public service, they might not be better located. It is suggested that, as in the case of churches, the tendency is to congregate in the most desirable localities, from the standpoint of prestige and patronage.

Dr. Sumner Coolidge, of the Massachusetts State Sanatorium at Lakeville, is endeavoring to get an appropriation for the establishment of a dairy herd, as milk is now costing the institution the neat sum of \$13,000 a year, besides being below the standard of that which the hospital itself could produce.

An interesting cooperative plan has been worked out by the Utah-Idaho Hospital at Logan, Utah, and the Agricultural College located there. The young women in the invalid cookery class of the college are to go to the hospital twice a week for practical work, and the nurses in training there will attend the college as often for advanced theory in cooking.

The Ithaca, N. Y., City Hospital had the pleasure of graduating its first class of nurses recently, the graduation exercises being held March 30.

One disadvantage of giving a hospital the name of a person in whose memory it is endowed, provided there are other contributors, or that support must be secured later from other quarters, is that it is difficult to solicit it under those conditions. This reflection is suggested by the action of a New Jersey hospital in changing its name, at the request, incidentally, of the person most interested, who felt that it had grown so large that it would be unfair to ask it to retain that designation.

The state mental hospital of Utah at Salt Lake City now has a library, which was recently fitted up under the supervision of the state librarian, 500 volumes of fiction being provided for the use of patients. In this connection, the Austin, Tex., City Hospital recently

had a "book shower" at which friends of the institution presented the library and reading-room with desirable additions.

A change in the policy of management of the Maryland General Hospital at Baltimore is indicated by the separation of the professional and business departments, following the resignation of the Rev. Robert L. Wright as superintendent. Dr. Elmer Newcomer, assistant superintendent of the University Hospital, was named as medical superintendent, while William H. Dallam was given the title of business superintendent. The character of his experience is indicated by the fact that he has been assistant to the purchasing agent of the Merchants' and Miners' Transportation Company, of Baltimore.

Dr. J. L. Burrell, resident physician of the New Orleans Providence Sanitarium, a negro institution, has called attention to the fact that there are a number of similar hospitals in the South. He includes in his list one in Memphis, Tenn., under the direction of Drs. Terrell and Patterson, the John Andrews Hospital at Tuskegee, Ala., Institute, and others at Dallas, Tex., Decatur and Montgomery, Ala., Greenville, Miss., and Shreveport and Lake Charles, La. All of these are managed by negroes, and most of them have training schools for negro nurses.

Dr. Daniel Morton, speaking at a meeting of social service workers in St. Joseph, Mo., recently, declared that only 10 per cent of the people who really need hospital service get it, a statement which will probably not be disputed.

According to recently published reports, the new state hospital to be established at Laurel, Miss., will have provisions for pay patients as well as charity cases. The institution will be conducted as the South Mississippi Charity Hospital.

Idaho hospitals which have no registered pharmacists in their employ are in a predicament as a result of the recent prohibition legislation enacted in that state, which prevents the shipment into Idaho of alcohol, except to a registered pharmacist.

Hospitals handling maternity work have no greater opportunity for social service than in cases of illegitimate births, though by the same token this character of work is undoubtedly the most difficult of all. The great problem is to keep the mother and child together, and while this is sometimes hard to accomplish, good results have actually been obtained by a sympathetic effort in this direction.

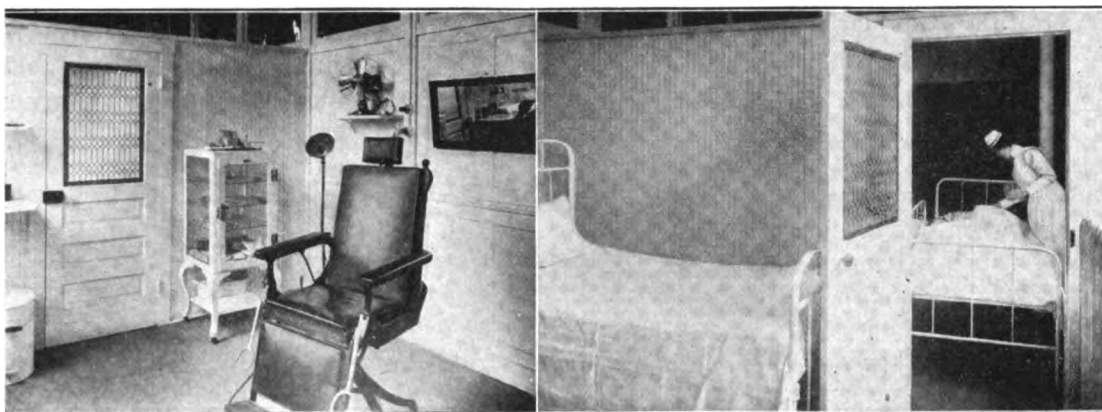
The new plan of Mount Sinai Hospital, New York, in establishing a night clinic appears to have possibilities, and Dr. S. S. Goldwater, the superintendent, has been commended for the idea. A fee of \$1 will be charged, and no one earning over \$1200 a year will be admitted. In this way, it is pointed out, the acceptance of charity will be avoided without imposing a burden on any of the applicants. Attention has been called to the fact that with the completion of its additions, the institution will become the largest privately maintained hospital in America, and the second largest in the world.

Kansas City councilmen have discovered that hospital employees are poorly paid, and has under consideration a new schedule which will increase the wages of firemen, engineers, painters, plumbers, etc., at the General Hospital, besides adding \$2.50 a month to the earnings of the nurses in training. Second-year students receive \$5 a month at present and members of the third-year class \$7.50 a month.

# INDUSTRIAL DEPARTMENT

## Complete Hospital in Big Department Store

Stix, Baer & Fuller Dry Goods Company of St. Louis Cooperates Effectively With Employees' Association in Maintaining Excellent Facilities



Hospital equipment in department store of Stix, Baer & Fuller, St. Louis, Mo.

**E**MERGENCY hospital work, as well as general welfare work of unusually wide scope, is maintained by the Stix, Baer & Fuller Dry Goods Company, of St. Louis, whose big department store is generally referred to as the Grand Leader. Inasmuch as the tendency to establish facilities of this kind is growing among department stores and other mercantile concerns, a description of the work may be suggestive.

Walter C. Crain, of this concern, describes the equipment and general plan of the work as follows:

"Space is set aside on the sixth floor of our building, divided into five apartments, and equipped for emergency hospital service. The suite consists of reception-room, consultation-room, operation-room, and two wards, one for male and the other for female patients. A trained nurse is in charge of the hospital at all times.

"The Stix, Baer & Fuller Employees' Mutual Aid Association maintains a senior and junior physician and surgeon, who devote the hours of 9 to 12 a. m. daily to the hospital, taking care of members of this association, who are in turn employees of the store.

"Patrons of the store who become ill there and require temporary relief are treated in the same manner in the hospital by the physician, if he is present, or the nurse, in his absence.

"The maintenance of the hospital and its equipment, as well as the nurse, is provided by the firm, while the physicians' salary and the complete stock of drugs prescribed and used by them are paid for out of the funds of the employee's association.

"The physicians have an average of thirty-five or forty patients daily, but it would be hard to estimate the number cared for by the nurse. There is a constant call throughout the day for her services.

"All employees desiring to see the physician must register before 10 a. m. and are called to the hospital, and in this way are spared considerable time in waiting for their turn.

"The convenience and accessibility of the hospital, we feel, is a splendid preventative of the employees' becoming incapacitated, as they are enabled to call at the hospital during working-hours and receive treatment, thus warding off what might develop into severe illness.

"The individual cost of this service, ranging from 20 cents to \$1 per month, is very small in consideration of the maximum benefits one might receive. A feature of the work is the careful physical examination of all employees entering the service of the store, the benefits of both to the individual and the firm being beyond estimation."

An interesting feature of the work is the maintenance of the Stix-Baer & Fuller Country Club near St. Louis. Employees who are indisposed are frequently sent there for rest and recuperation, Mr. Crain saying in this connection:

"Almost daily our medical director advises a few weeks' rest at the Country Club, in preference to writing prescriptions for patients who call on him in the store."

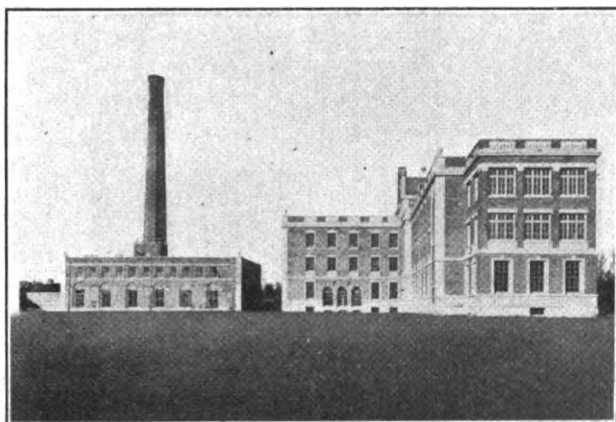
Work in dentistry, treatment of the eyes, etc., are also included in the general activities of the Stix, Baer & Fuller hospital.

The board of managers of the University Hospital, operated in connection with the University of Pennsylvania in Philadelphia, is seeking \$300,000 for the purpose of completing the surgical pavilion, now under construction. An orthopedic gymnasium is included in the plans for the building.

## 112-Bed Railway Hospital

Illinois Central Establishes New Institution in Chicago—Graduate Nurse Service

**T**HE new Chicago hospital of the Illinois Central Railway, located at Fifty-ninth Street and Jackson Park Avenue, overlooking Jackson Park, was thrown open last month. It is one of the largest and best equipped hospitals operated by any industrial corporation, and is the joint property of the road and its 60,000 employees. While it is primarily established for the service of those working for the road, it is also planned to receive patients from the general public, if room permits.



View of new Illinois Central Hospital in Chicago.

On account of the many cases involving treatment along lines of bone surgery and injuries to joints caused by accidents, the hospital will do considerable research work in this direction under the supervision of Dr. M. H. Swan, a leading pathologist. Extensive laboratory equipment has been provided for this purpose.

Dr. G. G. Dowdell, chief surgeon of the road, is in general charge of the hospital, while Miss Mabel Christie is superintendent, with Miss Helen Jones as supervisor of the operating-room. No training school will be operated, but nursing service will be by graduates exclusively, twenty having been appointed on the regular staff.

The building is three stories high and is handsome. The equipment is elaborate, including hydro-therapeutic and other advanced departments. The capacity of the institution is 112 beds. Card, billiard and rest-rooms are located on the roof.

Dr. L. P. Kaull has been appointed chief surgeon of the United Verde Copper Company, Jerome, Ariz., succeeding Dr. A. J. Murrietta, resigned. The company will begin the construction of a new hospital building in the immediate future. It is planned to operate it as a general institution, throwing it open to the public.

Hospitals at Bluefield, W. Va., have been crowded with industrial cases recently, these being contributed by the coal operations of West Virginia and the Clinch Valley section of Virginia.

## Training Men for First Aid

H. C. Frick Coke Company Has Stations to Furnish Instructions in Accident Work

**T**HE H. C. Frick Coke Company, of Pittsburgh, which has as its slogan, "Safety the First Consideration," has developed first-aid work among its miners to a considerable degree. There is a first-aid corps at each of its large plants, each corps consisting of five men, carefully selected for the purpose. They must pass an examination as to their fitness for rescue and first aid work, and are designated by wearing a red, white and blue button. They must pass a medical and physical examination, after which they are instructed in first-aid treatment by doctors paid by the company.

The concern has three training stations, where the men are instructed in this work. They are located centrally in the Connellsville district. Each is completely fitted with Draeger oxygen apparatus, a pulmotor and other apparatus necessary to the carrying on of the rescue work.

After passing the examinations for service on the rescue corps, the men of the first aid and rescue corps report at intervals of four months at the training stations for additional instruction.

Permanent danger signs have been erected by the company all through its mines. Signs such as "Men in Shaft" and "Man in Boiler" are hung to prevent accidents due to not knowing that employees are at work in dangerous places. A complete underground telephone system is of value in handling first-aid work. The company's "Safety Precepts" are printed in English and in foreign languages.

## Hospital Work Stimulated

Dr. Darlington Shows Results of Workmen's Compensation Legislation in Many States

**T**HOMAS DARLINGTON, C. E., M. D., secretary of the Welfare Committee of the American Iron & Steel Institute, New York, recently emphasized the fact that the operation of emergency hospitals has been greatly stimulated by the enactment of workmen's compensation laws in thirty-two states and territories, and that they carry out both the letter and the spirit of such laws.

He adds:

"The importance of prompt and competent medical attention can hardly be overestimated. The best medical aid brings a tremendously increased return in rapidity of recovery. A very large percentage of injuries now received become compensatable because of infection in the wound. The records of some of the largest steel companies in the United States show that such results are unnecessary. Thus, with competent physicians and every facility in the way of first-aid hospitals these companies have reduced their infected cases from about 50 per cent to about one-tenth of one per cent."

## Importance of Redressings

**La Belle Iron Works Finds This Feature of Emergency Hospital Work Especially Valuable.**

**A** WELL-EQUIPPED emergency hospital is maintained at the plant of La Belle Iron Works, Steubenville, O. The hospital is equipped with two beds. It is not intended to serve cases requiring prolonged treatment, these being removed to the City Hospital. Operations are performed at the plant, all injuries, whether major or minor, being taken care of there.



Facilities of LaBelle Iron Works, Steubenville, O.

The hospital is open day and night, and is in charge of two graduate nurses, in addition to two physicians, who serve on a part-time basis. An idea of the extent of the work is given by the fact that in the neighborhood of 250 cases are handled monthly. These of course include many small injuries, as well as those requiring extended attention.

One of the important features of the work is that men who have been injured are required to report regularly for redressings, the experience being that this results in their being able to return to duty much sooner than if they were expected to secure attention elsewhere. In addition to insuring a much better recovery, the general effect has been to hold claims down to a minimum.

The emergency hospital work is under the direction of J. L. Jenkins, safety director and claim agent.

The Dallas, Tex., Union Depot Company has announced that an emergency hospital is to be fitted up in its building. It will have quarters on the ground floor, will be equipped with complete surgical devices, and will have a trained nurse in charge.

The Crystal Street Hospital, Hot Springs, Ark., has reopened for business under the management of Misses Smith and Maynard. Special facilities for surgical cases have been provided.

## Industrial Notes.

An innovation in hotel work is the establishment of an emergency hospital at the William Penn Hotel, Pittsburgh. This magnificent 1,000-room hostelry, which was recently opened under the management of J. W. Donahey, has equipped a room for this work. The room is 12x14 feet in dimensions, and is finished throughout in white tile. Dr. F. F. Billings is in charge. A nurse is to be regularly on duty. The hospital will serve emergency cases only, removal to a general hospital after first-aid treatment being contemplated.

Members of the United Mine Workers in District No. 13, comprising all of Iowa and Northern Missouri, have been considering the establishment of hospitals at Albia, Ia., and other points.

Miss Emily Henry has resigned as superintendent of the Milford, Del., Emergency Hospital to become superintendent of the new emergency hospital of the Bethlehem Steel Company at South Bethlehem, Pa. She was succeeded at Milford by Miss Edna Miller, a graduate of the Methodist Hospital of Philadelphia.

A charity ball will be held at Spangler, Pa., shortly for the benefit of the Miners' Hospital at Spangler.

The American Locomotive Company will build a two-story brick emergency hospital building on the grounds of the plant at Hospital Street, near Seventh, in Richmond, Va. The cost of the building will be \$6,500.

The Spang & Chalfonte Company, Inc., of Pittsburgh, is equipping an emergency hospital at its steel works at Etna, Pa., three miles from Pittsburgh. Two nurses will be on duty constantly, and two doctors have been employed for part-time work. Following emergency treatment cases will be taken to the Allegheny General Hospital in Pittsburgh, as heretofore. Emphasis is laid on the value of the hospital for redressing work.

Dr. Sidney M. McCurdy, who is in charge of the emergency hospital of the Youngstown, O., Sheet & Tube Company, attended a recent meeting of the sanitation committee of the Ohio Industrial Commission, of which he is a member, at Cincinnati. The committee is planning a comprehensive survey of sanitary conditions in industrial plants throughout the state.

The Chesapeake & Ohio Railway, with general offices at Richmond, Va., is reported to have plans for the erection of a handsome new hospital building at Clifton Forge, Va., which will take the place of that which has been in service for some time. During the erection of the new building on the site of the old, patients will be cared for in other local institutions.

The Cleveland-Cliffs Iron Company, Republic, Mich., has made arrangements for enlarging and remodeling the emergency hospital which it maintains there. A roomy general ward and three private rooms will be provided, and new equipment installed in the operating-room.

The United States Circuit Court of Appeals for the Ninth Circuit recently held that typhoid fever is an occupational disease, for which the employer is liable.

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731 Inter-Southern Building

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## “Who’s Who” in Hospitals

Personal Notes About the Men and Women  
Who Are Making the Wheels Go Round

**F**OLLOWING the appointment of Miss Sybil C. Palmer, heretofore with the Asbury Hospital, Minneapolis, to the post of superintendent of the Tourtelotte Memorial Deaconess Home of that city, Miss Lydia Keller, of Northfield, Minn., well-known by reason of her work as secretary of the American Hospital Association, has been named assistant superintendent of the Asbury Hospital. This institution is completing the south end of its magnificent fireproof building, which will give it a capacity of 250 beds and an investment of \$250,000. Asbury, as the foregoing suggests, is a Deaconess Hospital, affiliated with the Deaconess Association, with headquarters in Cincinnati. Miss Keller has recently been appointed inspector of training-schools in Minnesota, as well as a member of the State Board of Nurse Examiners, both appointments testifying to her exceptional qualifications in this direction.

Mr. P. William Behrens, manager of the Elizabeth Steel Magee Hospital, of Pittsburgh, has resigned his position, effective August 1. The Magee hospital is an institution for women, and opened its magnificent new building last November. Mr. Behrens is widely known as an expert in hospital management.

Since Miss Nora Dean took charge of the Deaconess Hospital, Louisville, as superintendent, considerable improvements have been undertaken. These include the purchase of an adjoining residence, which is being remodeled as a nurses' home, enabling the hospital to increase its capacity to 50 beds. A diet kitchen is being installed and a new sterilizer has been purchased.

Miss Ellen Cheek, superintendent of the Oklahoma Baptist Hospital Association, at Muskogee, advises that plans are being considered for the enlargement of her institution in the near future.

Dr. John E. Daugherty has been appointed medical superintendent of the Greenpoint Hospital, Brooklyn, succeeding Dr. Charles Sanborn.

Dr. F. J. Hackney has become superintendent of the Manhattan, Nev., Hospital, having left private practice at Toledo, Wash.

Miss Elizabeth L. Hatfield has been appointed superintendent of the Bayonne, N. J., Hospital, succeeding Miss Laramore, who resigned.

Dr. A. E. Baber, superintendent of the Dayton, O., State Hospital, spoke on “The Causes and Cure of Insanity” at a recent meeting of the Dayton Social Service Club.

Dr. Howard O. Shafer has taken charge of the Woodlawn Hospital, Rochester, Ind. The institution was founded by his father, the late Dr. W. W. Shafer.

Mrs. Elizabeth Hawkswell, of the Hahnemann Hospital, Rochester, N. Y., has been elected president of the Monroe County Registered Nurses' Association.

Miss Carolyn Bell, head nurse of the Tulsa, Okla., Hospital, has been appointed superintendent to succeed

Miss Katherine Murphy, who resigned recently. Miss Margaret Moss was appointed head nurse in her stead.

Mr. Farris A. Sampson, for several years superintendent of the Hazelwood Sanatorium, a tuberculosis institution of Louisville, resigned recently to become secretary of the Baptist World Publishing Company, of Louisville. He is succeeded by Dr. Oscar A. Miller, who has been resident physician at Hazelwood for the past year.

Miss Willa Berry has been appointed superintendent of the Nampa, Idaho, General Hospital. She succeeds Miss Esther Johnson, who is leaving for a rest and vacation.

Dr. G. T. Aycock has been elected superintendent of the Davidson County Tuberculosis Hospital at Nashville, Tenn. He succeeds Dr. J. M. Oliver.

Miss Mary Frances Henderson, superintendent of nurses at the Allegheny General Hospital, Pittsburgh, has resigned, and is planning a long rest. She has consented to remain on duty until her successor is appointed. Miss Henderson is one of the most efficient hospital executives in the country, and she has the best wishes of HOSPITAL MANAGEMENT for her future work.

Dr. John A. Krantz has been named superintendent of Bethesda Hospital, St. Paul, Minn. He has been engaged in pastoral work in Duluth, of late.

Miss Caroline Mae Nichols, superintendent of the St. Peter's Hospital, Charlotte, N. C., was host of the members of the medical staff at the annual dinner recently. The dinner was served by the nurses, and was a great success.

Dr. J. W. Fowler, superintendent of the Louisville City Hospital, and chairman of the local hospital association, was host of the members of the organization at a handsome buffet luncheon which was served April 5, following an inspection of the splendid new institution of which he is head. It took nearly three hours for the hospital people to take in the points of interest, and the trip merely "hit the high spots," according to Dr. Fowler.

Dr. Bert Caldwell, superintendent of the Allegheny General Hospital, Pittsburgh, spoke at a recent meeting of the Pittsburgh League of Nursing Education on the subject of the typhus situation in Serbia, where he spent considerable time last year.

Miss Sadie Williams has been appointed superintendent of the Tift County Hospital, at Tifton, Ga. This is a new institution, which has just been opened.

Dr. J. I. Hicks has been appointed superintendent of the State Charity Hospital at Vicksburg, Miss. The appointment was made by Gov. Bilbo.

Dr. A. G. Hyde, assistant superintendent of the Ohio State Hospital at Newburg, has become superintendent of the institution. The advancement was made under the civil service system of the state. He succeeds Dr. C. H. Clark, who was put in charge of the state hospital at Lima, O., some time ago.

Miss Kathryn R. Gutwald has resigned as assistant superintendent of the Pottstown, Pa., Hospital to become superintendent of nurses of the Mercy Hospital, Columbus, O.

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Our fifty years' experience in manufacturing is reflected in the purity and mellowness of this whiskey.

WRITE FOR SAMPLES AND PRICES

**BERNHEIM DISTILLING COMPANY**  
Louisville, Kentucky

## The Best Floor Is Oak and The Best Oak Is Wood Mosaic

The final touch of beauty, as well as utility, in a building is furnished by its floors. There is no material which for warmth and good cheer, for comfort and "cleanability" is superior to oak, and in your wards and private rooms it is the material to specify and to use in renewing old floors.

This company has a national reputation in the manufacture of flooring. Every process, from the felling of the tree to the delivery of the flooring to the contractor, is in our hands, and this insures right material, right methods and perfect condition of every point.

If you want real flooring satisfaction, and if you are looking for an oak floor that you can point to with genuine pride, let us tell you about Wood Mosaic.

### THE WOOD MOSAIC CO.

New Albany, Ind.

Rochester, N. Y.

## Our latest creation in Toilet Papers

Made from white, Japanese crepe tissue paper. Very soft and agreeable to the touch. Pliable, yet tough. Highly absorbent.

Attractively wrapped for the fastidious, in an original, artistic Japanese way.

### Toy-la Tishu P A P E R

is scientifically made from fresh, clean, new fiber pulp—not from old rags or junk. Absolutely Sanitary, Pure and Clean. Recommended for Hospital use.

Price \$6.50 per case of 100 Rolls, delivered  
Special price in quantities.

### Louisville Paper Co.

INCORPORATED

13th and Maple Sts., LOUISVILLE, KY.

Ask us about Sanitary Paper Cups, Paper Towels, Paper Bottles and Containers. These goods are all cheap enough to be thrown away when once used.

## Food Problem in a Big Hospital.

(Continued from Page 11.)

parsnips, a pudding, a cream soup, nuts, raisins, apples, oranges, bananas, ice-cream and cake were all on the bill of fare for the patients.

There are classes of nurses, both male and female, to be given instruction in dietetics. We also have a three-month course for pupil dietitians, as we call them—graduates who know nothing of hospital work and who come to us to gain information about administration, diet requisitions, etc.

Probably the biggest problem one has to deal with is that of obtaining supplies. No matter what the system of requisitioning, there is always difficulty in obtaining deliveries. The ideal method would be to send to the store-room at a certain definite hour during the day, daily requisitions, signed and numbered, for supplies required for use the following day. These supplies would then be delivered that day at another definite time, the duplicate requisition with them, to be checked by the person receiving the goods. This means that recipes and menus must be carefully consulted as to what will be required and only the exact amount necessary ordered. Of course, it means additional labor to requisition daily, but it is more economical, as employees will use much more of an article if they have a large quantity in front of them than if they have only the required amount.

This method, if observed, does away with supplementary store-rooms, which entail the additional labor of re-issuing and keeping account of supplies issued to each mess. In the store, proper facilities are usually provided for storing different foods at the temperature necessary for them, and which of course would be impossible to duplicate in small store-rooms throughout the institution.

For instance, small ice-boxes will scarcely contain comfortably a tub of butter or lard. Another point comes up here. If a tub of butter happens to be poor, it is much less heart-rending to have several messes suffer for one day than it is to have one mess suffer for a week or so. In the matter of other supplies in small, more or less makeshift store-rooms, mice may eat the cereals, heat dry up the currants and raisins and ferment canned goods or turn olive oil rancid. On the other hand, if the temperature is low, bottled goods freeze and break, and apples, bananas, etc., become frost-bitten. Also, if you have a supply on hand and charged to your account, your neighbors in time of famine will want to borrow from you, and almost invariably forget to return in their fat time.

As I have said, this is the ideal method, but a well-nigh impracticable one, as institutions are now conducted, simply because the store never has in stock every item you require, and occasionally not one out of ten.

Deliveries of goods which you order yourself from the contractor, such as potatoes, stock vegetables, fruits, fresh vegetables, meat, milk, bread, do not seem

to present such difficulties, possibly because you have these right under your thumb and know exactly with whom you are dealing and how to handle them. One has to learn the individual firm's method of dealing with their orders.

In inspecting the supplies delivered one must be Solomon and Sherlock Holmes in one, i. e., one must know the specifications for each article thoroughly, and must be on the lookout for frauds in every way, shape and form.

You must know the proper season for produce, as set down in your specifications, so that you may not order out of season, and so that you may compel your contractor to furnish them in season even if he insists that he can not get them, which usually means that he has contracted to sell them to you at a low price and then finds he will lose a great deal by furnishing them.

You must know the points of law in regard to your contract, at what time deliveries should be made, on what grounds rejections may be made, when deliveries may be refused and when you may buy in the open market against the contractor, charging the difference to him. All these are nice points, of which, if you are ignorant, you may make serious errors for yourself and the institution.

Receipts for all the deliveries for which you are responsible must be carefully looked after. These are sent to the auditor's office where they are entered up. Usually it is much wiser to enter up all the receipts in your departmental books as soon as signed and before sending to the auditor's office as there is so much danger of receipts being lost in transit or in offices, and then one has only memory to rely on in case of trouble arising. This makes much additional clerical work, but it is a very wise precaution.

The problem of acquiring and retaining competent employees for from fifteen to twenty dollars a month is a difficult one. One has to catch them green and train them, only to have them leave for higher wages, just when a few first principles have been instilled into them. "You are their father and their mother, and the controlling destiny of their universe," and they appeal to you for money, underwear, shoes, permission to stay out after midnight, to go to church, to weddings, to funerals, permission to have their appendices and tonsils removed and even to get married.

Your special diet kitchen with its attendant pupil nurses requires a good deal of attention. Special articles of diet, not on the diet sheets, are continually requested. The delivery of cooked foods to the wards is difficult. It seems impossible to devise a food carrier that is at all satisfactory. Baking custards and puddings in individual pans and then putting these utensils into a large container is very much preferable to dipping all foods into compartments, to be dipped out in the ward again. But these small utensils are seldom returned, even though marked with the ward number, as they are so useful for all sorts of things in the ward.

You may have anywhere from 400 to 800 special diet patients to cook for. Two pupil nurses do this

Just because  
**DIXIE**  
**Scouring Powder**

Cleans

**BATTLESHIP LINOLEUM**

So beautifully and absolutely without injury, don't think it is not the best cleanser for

**Tile Floors, Enameled Ware, Marble,  
Painted Walls, and Woodwork**

**Sanitary—Odorless—Harmless**

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Cut out this coupon and convince yourself  
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**General Specialties Company,**  
Keller Building,  
Louisville, Ky.

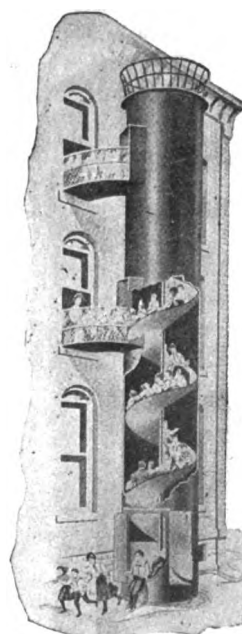
Send us without obligation on our part **FIVE POUND  
FREE SAMPLE DIXIE SCOURING POWDER.**

Hospital.....

Address .....

Official .....

**You May Never Have a Fire, But—**



Kirker-Bender Spiral Fire Escape

Can you face the possibilities of a blaze in your hospital with equanimity—or do you dodge the idea because of its appalling suggestions? Do you know that you can get your patients out of the building quickly, easily and with absolute safety—or do you hope that you won't have a fire, which would demonstrate the futility of your present equipment?

**Preparedness---With a  
Kirker-Bender**

would give you peace of mind, because you could rest assured that no matter what the conditions, you could empty your building in a few seconds. With the use of this spiral escape there is no possibility of an accident: the patient is put into the escape, lying on a mattress if necessary, and slides to safety without effort on his part. The rapidity with which this is accomplished gives the spiral escape enormous capacity, enabling a small installation to serve the largest institution.

**Hospitals Our Best Advertisement**

Hospitals all over the country are using Kirker-Bender escapes and enjoying safety and satisfaction. Why not let us figure with you?

**Dow Wire & Iron Works,** 1125 Buchanan Street,  
Louisville, Ky.  
INCORPORATED

## SOMETHING NEW

### Huston Bros. Obstetrical Pan "PROPHYLACTIC"

Has the following great advantages:

- 1st—It is a PAN—not a pad.
- 2d—Takes up very little room.
- 3d—Positively keeps the bed clean every time.
- 4th—Has great depth and rigid sides, thus can be handled conveniently and carried from the room without spilling contents.
- 5th—Great comfort to the patient by means of an inflatable back pad of any desired size. With the exception of this small back-rest this pad has



- 6th—No rubber to deteriorate.
- 7th—Splendid for instrumental deliveries.

(Price of complete outfit in handsome case \$5.75; extra covers \$1.50 to \$3.00 per dozen.)

Made with heavy muslin or parchment covers (sterilized and antiseptic), it is very inexpensive, as the cover can be thrown away after each case.

The Huston Prophylactic Pan for Obstetrics is simple, economical and durable.

**HUSTON BROS. COMPANY**  
34 Randolph Street CHICAGO  
Full Line Physicians' and Hospital Supplies,  
Invalid Comforts, Etc.

## For Greenhouse Material

If you are in the market for Greenhouse Material of any kind, let us figure with you. We are large manufacturers of Red Louisiana Swamp Cypress, which is the ideal material for this purpose, and the chances are we can save you some money. Hot Bed Sash, Wood Tubs, Silos and Tanks for every purpose are included in our line of products. We also make Porch and Garden furniture in very attractive designs at prices the reasonableness of which will astonish you.

**Alfred Struck Company**  
INCORPORATED  
Garden and Chestnut Streets  
Louisville, Ky.



work, with a helper to peel vegetables and do the rough cleaning. The assistant dietitian directs the work and possibly a pupil dietitian helps with the cooking.

The kinds and proportions of food for the day's consumption in large public institutions are not sufficiently known at present. A comparison of the amounts used in like institutions at once raises a question whether one feeds too much or wastes by careless handling or serving. Opinions vary as to the difference in cost where small and large dining-rooms and kitchens are used. The one large kitchen is perhaps the most economical, but seldom the most satisfactory, as regards service to the dining-rooms.

Menus of course ought to be as varied as possible, for institutional meals pall after a short time. A new dish or a new method of cooking an old friend may cause as much excitement as the advent of female doctors on the staff, and sometimes be received about as enthusiastically, as men are notoriously conservative, and suspicious about any innovation.

## For First Aid in Foundries

National Association Outlines Contents  
of Standard Package for Members' Use

The National Founders' Association, with headquarters at 29 South LaSalle Street, Chicago, has announced that its standard first-aid package consists of the following items:

- One tourniquet.
- One pair of nickel plated scissors.
- One pair of nickel plated tweezers.
- One triangular sling.
- One wire gauze splint.
- Twelve assorted safety pins.
- One two ounce bottle of castor oil.
- Two three ounce tubes of burn ointment.
- One two ounce 3 per cent alcoholic iodine.
- One two ounce bottle of white wine vinegar.
- One two ounce bottle of 4 per cent aqueous boric acid.
- One two ounce bottle of aromatic spirits of ammonia.
- One two ounce bottle of Jamaica ginger (or substitute).
- One piece of flannel, 24x36 inches.
- One roll of absorbent cotton (1.5 ounces).
- One roll three inch by ten yards of gauze bandage.
- One roll two inch by ten yards of gauze bandage.
- One spool one inch by five yards of adhesive plaster.
- Six packages 6x36 inches of sterile gauze.
- One teaspoon.
- One metal cup.
- Two medicine droppers.
- Three paper drinking cups.
- First aid record cards.

The Sisters of St. Joseph will erect a \$110,000 hospital building at Minot, N. D.

# **Are You Paying Toll to Rats and Mice?**

As a hospital executive, you are familiar with the warfare which is being waged on rats and mice in the interest of health and the prevention of disease. You realize that they are likely to carry contamination, and that the institution which is subject to the destructive influences of these rodents is not only suffering pecuniary loss, but is encouraging the spread of disease. From every standpoint you owe it to yourself, your institution and your patients to get rid of rats and mice.

## **The UNIVERSAL Rat and Mouse Catcher Absolutely Eliminates Rodents**

This device has been proven by test in thousands of cases to be the most effective and at the same time the simplest system for the destruction of rodents ever put on the market. Cheese is used, doing away with poisons. The device resets itself after each rat or mouse passes it. The rat catcher is 22 inches high and 10 inches in diameter. When rats pass the device they die, no marks being left. The device is always clean, and it is the ideal proposition for hospitals where rodents are active. The illustration below shows

### **How It Works:**



### **Catcher Sent Postage Paid to Your Address for \$3**

The Universal Mouse and Rat Catcher will be sent postage paid to any address in the United States on receipt of price. Catcher 10 inches high, 5 inches in diameter, for mice only, prepaid for \$1. We maintain this standing offer: Money Back If Not Satisfied.

**H. D. SWARTS, Inventor and Manufacturer**  
**Box 566, Scranton, Pa.**

# The Hospital Market-Place

**I**F you have a meritorious product, one which hospitals can use to advantage, this is the best possible place to tell about it.

Hospital managers are responsive to an intelligent presentation of the merits of goods which they can use, and they will be glad to give you a hearing.

**HOSPITAL MANAGEMENT** will furnish the audience, if you have the message.

Write us.

# HOSPITAL MANAGEMENT

May, 1916

## In This Issue:

Million-Dollar Building Is Planned for St. Luke's of Chicago.

Business Administration of Magee Hospital of Pittsburgh.

How a Run-Down Small Hospital Was Put on Its Feet.

Out-Patient Department of Norfolk State Hospital of Massachusetts.

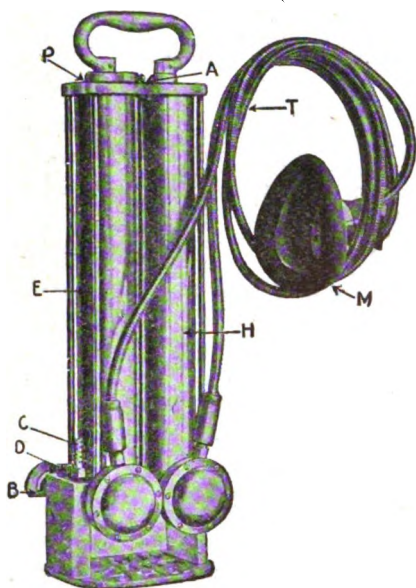
Program for Catholic Hospital Meeting in Milwaukee Announced.

Complete Equipment Provided in Bethlehem Steel Hospital.

See Publisher's Announcement on Page 1

Published Monthly by  
**CRAIN PUBLISHING CO.**  
INCORPORATED  
LOUISVILLE, KY.

# They Said He Was Dead



When a human life is at stake they look to the doctor and hospital attendants to do everything in their power to save that life.

Soon, if not already, your people will ask for LUNG MOTOR protection.

You will need a LUNG MOTOR. Over 4,000 communities, hospitals, industrial concerns, mines, etc., are now using it and saving lives daily.

Isn't it up to you to know more about this device which has so many lives to its credit?

## Here Are Four Lives Saved—Braden Copper Co. (Guggenheim Interests) Rancauqua, Chile

**A. S. (Male)—34 years—Married.**  
Cause of Accident—Buried in fine ore for 30 minutes.  
Hospital Department,  
Sewell, Chile, August 14, 1915.

On being taken out was cyanotic and unconscious. Showed no outward signs of life, but heart still beating feebly. Lungmotor administered 75% oxygen for 15 minutes when breathing was noted. Hypo-Camphor in Oil, 0.20 was given and LUNG MOTOR put on 50% oxygen for 5 minutes, then pulse became stronger. All air was given for fifteen minutes, after which time breathing was fully established and full consciousness returned.

Following day, the man showed no signs of his experience.

**A. S. (Male)—Single.**  
Cause of Accident—Caught in and buried under running muck for 20 minutes.  
Hospital Department,  
Sewell, Chile, December 30, 1915.

When first seen at 1:25 p. m., presented cyanotic appearance, coupled with unconsciousness. LUNG MOTOR immediately put into action giving 75% oxygen until respiration and circulation were fully established. LUNG MOTOR in operation about 20 minutes.

Teaspoonful of aromatic spirits of ammonia diluted in water given soon as consciousness returned. In addition, a cup of hot coffee was given. Body was covered and surrounded with hot water bottles.

Discharged cured the following day.

**M. M. (Male)—31 years—Married.**  
Cause of Accident—Buried under muck for 20 minutes.  
Hospital Department,  
Sewell, Chile, December 15, 1915.

When first seen at 9:20 a. m., patient was cyanotic and unconscious. LUNG MOTOR was immediately put in action, giving 75% oxygen and then all air until respiration was fully established. Machine in operation 30 minutes.

Discharged cured the following day.

**J. F. (Male)—28 years—Single.**  
Cause of Accident—Buried in fine ore bins for 25 minutes.  
Hospital Department,  
Sewell, Chile, October 30, 1915.

When taken out, presented cyanotic appearance—not breathing, pulse not perceptible; no sign of life. Mouth and larynx were choked so tight with fine ore that it was necessary to clean out ore in mouth with curette. Larynx then cleaned, employing the LUNG MOTOR. Oxygen 75% was then administered regularly through LUNG MOTOR, for 15 minutes, when faint pulse noted. Hypo-Strychnine, gr. 1-20 was given—then oxygen 50% through LUNG MOTOR for 10 minutes when man was conscious and breathing. Patient then transferred to Hospital, given hot bath and put in bed surrounded with hot water bottles.

Discharged 18 hours later, cured and returned to work.

There lives no person so devoid of humanity that they would not feel the most intense satisfaction at seeing one of their fellow beings revived with the LUNG MOTOR after all other means have failed. The LUNG MOTOR is—positively—proving its worth by daily performance of its life-saving duty. **Small, Safe, Sufficient, Anyone Can Use it—Works by Hand. Three Fingers. Gives all air or all oxygen or any portion of each desired.**

SEND FOR LUNG MOTOR FACTS

**LIFE SAVING DEVICES CO., 178 NORTH MARKET STREET, Chicago.**

# Do You Like Hospital Management?

We have had many favorable expressions regarding the general character of HOSPITAL MANAGEMENT.

Hospital executives tell us that the paper is giving them information which they can make use of, and that it is therefore serving a useful purpose. This is interesting, but what we should like to know is: What do *you* think of it?

Do you find the subject matter well selected, attractively and concisely presented, and suggestive in its treatment of hospital questions?

If you do, you owe it to yourself and to your institution to subscribe. One idea received from HOSPITAL MANAGEMENT would more than pay the cost of a year's subscription.

Every issue is built with the question in mind, "How can we help the hospital people?" You can help to answer that question. In the meantime, fill out the coupon and mail it in.

## HOSPITAL MANAGEMENT

TEAR OFF COUPON AND MAIL

HOSPITAL MANAGEMENT, 1405 Starks Bldg., Louisville, Ky.

I enclose \$2.00 for which please enter my subscription to Hospital Management for one year.

[NOTE: If you prefer, we shall be glad to bill you in the usual way.]

Name \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_

# Impermephane

IM-PER-ME-PHANE

A new and wonderful  
impermeable dressing

Perfectly transparent, soft, tough and light

*Can be boiled or steam sterilized*

Impervious to every medication

Keeps in any climate ~ ~ ~

*Far superior to oiled silk or gutta-percha tissue*

PRICE \$3.50 PER BOX OF 10 SQUARE YARDS

Sent postpaid anywhere in United States  
on receipt of price or suitable reference

**REID BROS.**

Manufacturers and Importers of Hospital Supplies  
585 Mission St., San Francisco, Calif.



## Unrivalled For Porcelain Surfaces

Dixie powder cleans rapidly all porcelain and enameled surfaces, removing stubborn stains and leaving the surface highly polished. As a general cleanser,

# DIXIE

stands above them all for results, economy, and ease of operation. Containing no soap, nor other animal fats, it requires less rinsing, and materially reduces labor costs. For the same reason, added to the fact that its ingredients are all highly refined chemical products, we can especially recommend it for use in hospital work as being of the highest sanitary efficiency.

Convince yourself of these facts by sending us the attached coupon for a 5-lb. sample, free, or, better still, order a barrel, which we will send on absolute guarantee of satisfaction or no pay. The price is right.

Cut out this coupon and convince yourself

General Specialties Company,  
Keller Building,  
Louisville, Ky.

Send us without obligation on our part five pound free sample  
DIXIE.

Hospital .....

Address .....

Official .....

**General Specialties Company**

INCORPORATED

Louisville, Kentucky

# HOSPITAL MANAGEMENT

Published in the Interest of Executives in Every Department of Hospital Work

## Pushing the War on Noise

Chicago and Atlanta Endeavoring to Curb Unnecessary Disturbance of Hospital Patients.

**T**HE war on noise is being kept up by hospitals.

Chicago institutions have endorsed the campaign suggested by Dr. James Patterson to eliminate unnecessary noises in the vicinity of hospitals. The causes of these noises include heavy motor trucks, parking of doctors' cars in front of hospitals, motorcycling, and children roller-skating on side-walks of hospital streets. Restrictions of heavy traffic, parades, etc., would help. City and park officials are cooperating to improve conditions in Chicago.

Atlanta has recently taken up the subject, and "quiet zones" have been established by placing metal signs which are intended to call the attention of automobilists and others to the necessity of eliminating noise, but it is complained that the zones are not always respected. The *Constitution* recently printed an editorial urging public respect for the hospitals and co-operation to bring about better conditions.

## Funds Are Oversubscribed

Campaigns for Hospitals Marked by Unusually Liberal Responses From Public

**A**N encouraging "sign of the times" is that hospital campaign funds are being over-subscribed. The campaign at Steubenville, O., which was intended to raise \$100,000 for the new Ohio Valley Hospital, resulted in \$110,000 being subscribed, and at Lasalle, Ill., where a six-day campaign to raise \$30,000 for an addition to St. Mary's Hospital was completed recently, the amount actually secured was \$32,000. Good organization, aggressive publicity work and intimate knowledge of hospital needs explained the fine results in these cases.

A campaign to raise \$200,000 for a new fireproof building for Grace Hospital, Cleveland, was recently launched.

Members of the Bay Ridge Hospital Corporation, Brooklyn, N. Y., raised \$150,000 in a 10-day campaign this month for a new institution in that borough.

A seven-day campaign was put on recently at Morris, Ill., for the Morris Hospital, \$50,000 being the goal.

## Will Study Compensation

American Hospital Association Committee Assigned Subject by President Smith

**C**OMMENTING on the importance of workmen's compensation laws as they affect the hospitals, Dr. Winford Smith, president of the American Hospital Association, has advised that this subject will be taken up by the Committee on Out-Patient Work, of which Mr. Michael Davis, of the Boston Dispensary, is chairman. Dr. Smith further stated in a letter to *HOSPITAL MANAGEMENT* that the subject will undoubtedly be discussed at the next meeting of the association in Philadelphia in September, so that proper attention to the development of laws affecting the handling of industrial cases by hospitals will get the attention which they deserve.

## \$1,000,000 for St. Luke's

14-Story Building With 400-Bed Capacity Is Planned for Chicago Institution

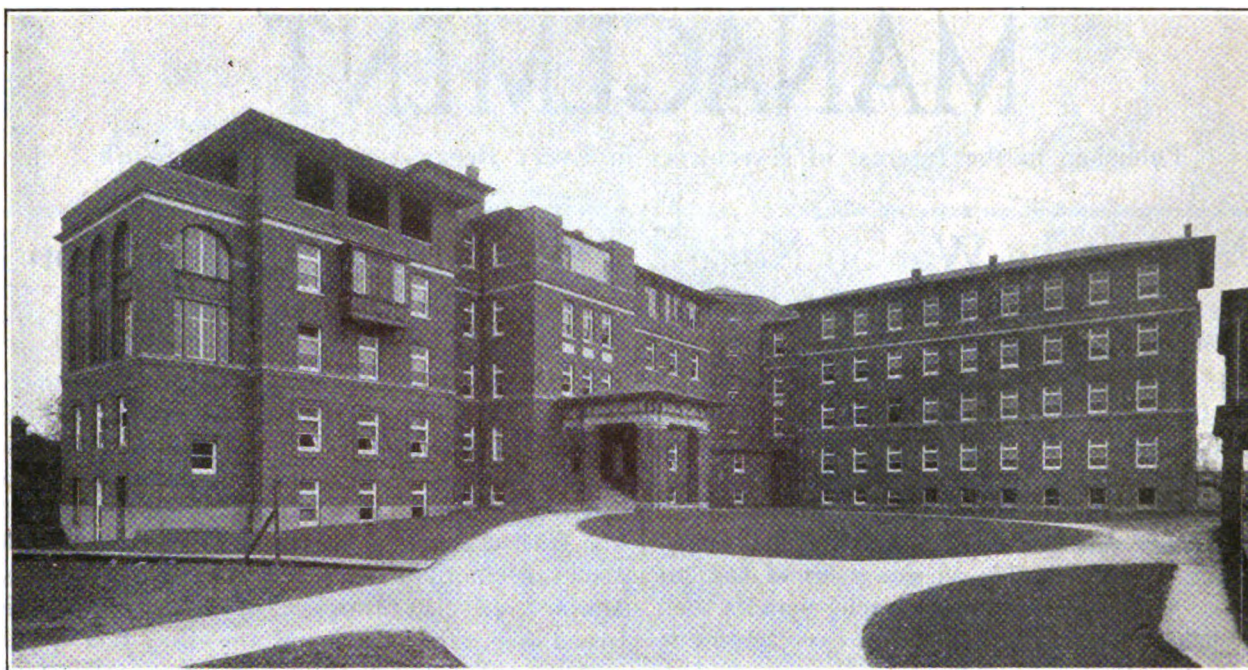
**O**NE million dollars will be expended in the erection of a 14-story fireproof building by St. Luke's Hospital of Chicago. Of this sum \$300,000 has already been subscribed by J. Ogden Armour and others, and the remainder is to be raised during the next sixty days. The proposed building will provide for 400 patients. A large number of rooms and small wards will be designed for patients of limited means. St. Luke's was established in 1864, and has an endowment fund of \$425,000. Its principal building is the Smith memorial section, erected in 1907.

## Canadian Association Plans.

Dr. E. H. Young, of the Hospital for the Insane, London, Ont., who is secretary of the Canadian Hospital Association, has advised *HOSPITAL MANAGEMENT* that it is unlikely that meetings of the association will be held while the war continues. "You can readily understand," he says, "that this war makes a very heavy demand on Canadian hospitals, entailing much extra work and at the same time depleting the staff—medical, interne and nursing. We will waste no time, however, in resuming activities after we have disposed of the enemy."

# Business Administration of Magee Hospital

Heavily Endowed Institution for Women is Carefully Managed, System of Purchasing and Issuing Supplies Producing Economy in Operation



Splendid new building of Elizabeth Steel Magee Hospital in Pittsburgh.

**T**HE Elizabeth Steel Magee Hospital of Pittsburgh, which is a women's hospital supported by an endowment fund of \$3,500,000 left by the late Christopher L. Magee, is obviously well taken care of financially, but it is worth noticing that its business affairs are unusually well managed, and its system may well serve as a model for other institutions which are not so fortunately situated.

The institution is managed by Mr. P. W. Behrens, Dr. Charles Edward Ziegler, medical director, being in charge of that part of the work. The splendid new building was put into service about six months ago, after temporary quarters had been used since 1911, following the establishment of the institution by the trustees. While the per capita cost has been high, owing to the fact that the hospital has not been filled to capacity as yet, the individual departments are being splendidly managed, and the system which has been installed insures the use of care and economy in every direction.

The purchase and issuance of supplies are, of course, important, and it is here, perhaps, that most of the leaks occur in the average institution. In the Magee Hospital a number of methods are used to insure correct results. A monthly report, styled "Expense of Subsistence," is compiled, showing the quantity and cost of all of the items of food purchased, the expenses in wages, the cost of steam, water and current, and other items.

A typical report is that for February, which is shown below:

| ITEMS.                            | QUANTITY       | COST.             |
|-----------------------------------|----------------|-------------------|
| Milk.....                         | 739 gal.       | \$ 175 00         |
| Cream.....                        | 73 gal.        | 91 76             |
| Fresh Meat.....                   | 1,273 1/4 lbs. | 176 31            |
| Smoked Meat.....                  | 163 lbs.       | *27 20            |
| Eggs.....                         | 429 1/4 doz.   | 103 57            |
| Butter.....                       | 418 lbs.       | 132 11            |
| Poultry.....                      | 491 lbs.       | *97 69            |
| Fish.....                         | 203 1/2 lbs.   | 26 55             |
| Oysters.....                      | 9 qts.         | 2 70              |
| Fresh Fruit.....                  |                | *35 85            |
| Canned Fruit.....                 | 160 cans       | 48 00             |
| Fresh Vegetables.....             |                | *38 34            |
| Canned Vegetables.....            | 261 cans       | *52 20            |
| Potatoes.....                     | 58 bu.         | *68 44            |
| Coffee.....                       | 182 lbs.       | 28 26             |
| Sugar.....                        | 653 lbs.       | 42 49             |
| Tea.....                          | 25 lbs.        | 7 50              |
| Cocoa.....                        | 20 lbs.        | 5 53              |
| Bake Shop.....                    |                | *109 19           |
| Sundries.....                     |                | 70 99             |
|                                   |                | <b>\$1,339 68</b> |
| Wages.....                        |                | 581 32            |
| Steam, Water and Current.....     |                | 150 00            |
| Interest on Cost of Kitchens..... |                | 24 60             |
| Depreciation.....                 |                | 4 50              |
| Laundry.....                      |                | 25 00             |
|                                   |                | <b>\$2,125 10</b> |

\*Indicates increase as compared with previous month.

The Hospital fed an average of 166 people per day, which amounts to 14,385 meals a month.

|                                 |          |
|---------------------------------|----------|
| Cost per meal.....              | \$ .147  |
| Meat per person per meal.....   | 2.4 oz.  |
| Butter per person per meal..... | .46 oz.  |
| Milk per person per meal.....   | 7.22 oz. |
| Eggs.....                       | .35 egg  |

It is interesting to note that attention is called to

The daily food supply requisition sheet signed by the head nurse for each floor gives details as to the number of patients, and other data. It is shown below:

**REQUISITION.**

|                     |       | 19    |
|---------------------|-------|-------|
| No. Patients        | Wards | Rooms |
| No. on Regular Diet |       |       |
| No. on Light Diet   |       |       |
| No. on Soft Diet    |       |       |
| No. on Dry Diet     |       |       |
| No. on Liquid Diet  |       |       |
| No. on Milk Diet    |       |       |
|                     | Total |       |

[illegible]

The work of maintenance is also carefully watched, and reports of elevator inspections, which are made daily, are required of the repairman. A record is also carefully kept of all repairs that are called for, the building, ward, room and hall numbers being shown on a special slip, with details of the work to be done. This is signed by the manager and turned over to the chief engineer, under whose direction the repairman works. When the repairs have been made, the engineer signs the slip and returns it to the office. If for any reason the repairs can not be made, a special report is required.

the hospital.

Those concerned with hospital accounting will also be interested in the method used in keeping individual accounts with patients. A card index system is used, and the details of the account are set down on this card as they accrue. When payments are made in advance or on account, they are also shown here, so that at the time of the patient's discharge it is but the work of a moment to figure the account to date. The face and reverse of the card used for this purpose, which has proved eminently satisfactory as compared with the old system, are shown below:

[illegible]

The superintendent of a large hospital with an investment of \$750,000 in buildings and equipment recently displayed a statement of the operations of one of the departments, in which a charge for depreciation was made.

charge, our investment in equipment would be ultimately wiped out, without having been taken care of in any way, and new money would have to be provided to replace it."

Going a step further, would it not be a good plan to make use of the charge by creating a fund from which to purchase equipment replacing that worn out in service? In other words, as the item of depreciation is considered in determining cost, and cost is made the basis for charges, the application of this item should produce revenues, which could be kept separate on the books, at least, to show how depreciation is being offset.

# Putting a Run-Down Hospital on Its Feet

How an Earnest Superintendent Rehabilitated an Institution and Won for It the Support of a Community That Had Been Luke-warm

[Editor's Note: This article, written by a woman who has served as superintendent of a number of hospitals in the Middle West, may prove stimulating and suggestive to executives who have had to confront similar conditions. For obvious reasons no names are used, because it has been desirable to deal with the conditions frankly. HOSPITAL MANAGEMENT would be glad to hear from other superintendents who have managed to bring order out of chaos by the use of improved methods.]

**W**HEN I left the 200-bed hospital where I was superintendent of nurses to become superintendent of the Blank Hospital, a 50-bed institution in my home town, it was the opportunity to be near my relatives that led me to accept the proposition. The salary was no larger than I was receiving, and I knew that there had been trouble of various kinds in the management up to that time. Furthermore, I understood that the hospital as a whole was badly run down.

I anticipated interference and divided authority, however, by insisting that I be given entire charge of the institution, with no one to answer to for my acts except the president. I have known of far too many institutions where the policy of meddling is allowed to render the efforts of the superintendent of little value, and I was determined to stand or fall on my record, without having my work spoiled by the efforts of someone else, no matter how well-meant they might be.

When I arrived at the hospital and actually went over the building, my heart sank. I had not realized what a poor condition it was in, and I saw that it would take work, and a lot of it, to get things to rights. Dirt and lack of the paint-brush were everywhere in evidence. Steps were badly worn, and plumbing was in bad shape, and the whole building was going to pieces. Before I had been there a month a water-pipe burst and flooded the basement. That suggested removing the dining-room, which had been located there, to lighter and airier quarters, and I equipped a room on the first floor for this purpose, incidentally saving labor in getting the food from the kitchen to the dining-room.

There was not a great deal of money available for putting the building in condition, but I made such a strong appeal to the board that I succeeded in getting a few hundred dollars for this purpose. I had the stairways reconstructed, new steps taking the place of the worn ones, and the flooring was repaired in the same way. Painters were put to work, and the wards and halls soon took on a more cheerful appearance, as the result of the application of white paint on the walls and ceilings. The plumbing was put into the best shape possible in an old building, making conditions at least tolerable in this respect.

The food had been the cause of the most complaint from patients and employes, and I soon discovered that the protests were based on facts. Two negroes, a

man and his wife, were in entire charge of the kitchen, having been hired principally because their wages were low, apparently. Besides having no idea regarding the proper kind of food, they were exceedingly wasteful, and I saw that if the cost were to be reduced, and character of the food improved, it would be necessary to get better help.

It goes without saying that we had no diet kitchen facilities whatever, but the nurses had been endeavoring to make up for this lack by cooking various delicacies for their patients on the gas-stoves in the serving-rooms of each floor, the result being that cooking odors permeated the whole building.

So the first big change I made was to let the cooks go, and employ white help, who had had institutional experience. Then I equipped a small diet kitchen, realizing that this feature is one of vital importance in the hospital, no matter how small. This enabled me to give better service to the patients, as well as to eliminate the cooking upstairs. The man who was put in charge of the kitchen was given charge of the buying, and I arranged to check this by having daily reports of his purchases. Incidentally, we put in a scale in the kitchen, and everything bought was weighed, to see that we were getting full our money's worth. Tradesmen are not inclined to cheat, but we found a good many "mistakes."

When I looked over the hospital, I found that the bed-linen was being changed for most of the patients twice a week! You may imagine my feelings when I discovered that the reason for this was that the laundry was not sufficient in size and equipment to handle the work. I decided that this condition was intolerable, and insisted on being given an appropriation of \$2,500 for additional laundry machinery. This was put in promptly, so that I was at least able to offer immaculate linen to my patients. And aside from the obvious necessity for cleanliness, a matter of this kind is of practical importance because of the effect which bad management in this respect has on those who visit their friends at the hospital. If they see that the bed linen is not changed daily, they say to themselves, "Not for me!" And a reputation like that is ruinous for a hospital.

All of the operating-room equipment, I saw, was old and antiquated. The sterilizer, which was of limited capacity, was of doubtful efficiency, and I wondered that our surgical cases developed so few infections, because the machine was little more than a tea-kettle. A new operating-table and a new sterilizer were among the first items of equipment purchased, and I am not ashamed now to show our operating-room to anyone.

While our hospital had an apparent capacity of 50 beds, our building was so large that I felt that we should

be able to take care of more than that number of patients. In analyzing the situation, I realized first, that some of the nurses were being quartered in the hospital proper, using rooms for sleeping purposes that should have been devoted to the care of patients. Then there were several large rooms which had been devoted to storage purposes, all the old junk and worn-out apparatus in the hospital being dumped into these rooms.

As a business proposition, I appreciated the necessity of getting the added capacity which would come with making use of all the available space, and I arranged promptly to secure quarters nearby for nurses who could not be accommodated in the limited space at the nurses' home. We rented a fine old residence, had it furnished properly, and thus gave the nurses much more comfortable quarters, where they were not likely to be disturbed by the night work at the hospital, and at the same time largely increased the number of rooms available for our patients. The difference, in regard to cost, was heavily in our favor.

The lumber-rooms were cleared out. In spite of our poor condition, there were some smaller and even more poorly equipped hospitals nearby than our own, and we gave all of the old stuff to them. There was certainly no use to provide storage space for it, for it would never be used again in our hospital. It is amazing, in view of the immense requirements of every hospital, that some institutions allow goods of this character, which ought to be got rid of somehow, to clutter up their rooms and deprive them of space which could be made to produce revenue.

After I had rearranged all of these various features, I found that instead of a 50-bed hospital, I had nearly 100-bed capacity. This was not anything remarkable, but simply the result of the application of common sense to the proposition. It meant, however, a much larger opportunity for me, in that we were able to take in more patients, we had opportunity to train more nurses, and to be a larger force in the community in every respect.

Speaking of the nurses reminds me of the training-school. It was in just as bad condition as the rest of the hospital, and as this work has always been my hobby, I couldn't rest until I had given it attention. The curriculum was inadequate, the students had not been given nearly as much theory as they needed, and even in connection with their instruction in certain subjects at a local medical college, which had been paid several hundred dollars to provide this service, I found that they weren't getting the instruction, simply because nobody had taken the trouble to see that it was furnished.

I rearranged the curriculum, planned the class-work so as to enable the necessary number of hours to be devoted to theoretical subjects, and placed the training-school on a plane which would insure my nurses being turned out able and ready to handle the cases which would be assigned them. Incidentally, it made the services of the nurses in training much more valuable to the hospital, because they were better equipped, by reason of their work in the class-room, for their bed-side duties.

You may want to know something about the office work. Before I took charge, the office had been handled apparently with the idea of doing as little work as possible. It was impossible to tell anything about the condition of the institution from the figures which could be taken from the books. The charges against patients were not figured in the detail I thought proper, but as I was not an expert on this subject, I was puzzled for a time as to what method to employ to bring about an improvement.

I finally called on the superintendent of the hospital where I had formerly served, and asked him to "come over into Macedonia." He responded nobly, coming to my hospital, and outlining a system adapted to our requirements which I lost no time in putting in. Now I can get figures covering every department, giving every item of service provided for each patient, showing the cost of operation for the whole hospital and per capita, and in every way providing the information which a business establishment handling the amount of money which is required to run a hospital should have.

These are some of the things which I have done during my two years' work here. I did not accomplish all of them at once, as you may have thought from the narrative. It took time and work, and a good deal of diplomacy in dealing with the board members, many of whom could not understand why I needed to have all of the improvements I demanded made. But after they saw that I was in earnest, and that the progress of the hospital demanded support, they managed to raise the money, though the aggregate needed was surprisingly small, results in point of service considered.

At the same time, the effect of the improved character of the service impressed the local public, which had been hearing of the hospital chiefly through newspaper items detailing the various dissensions which had broken out. People began to realize that we were endeavoring to give the best possible service, and were in earnest about our work, and the support which had formerly been given reluctantly was soon forthcoming without question. In fact, the hospital has won so many friends that they are talking about starting a campaign for a new building. This seems almost too good to be true, but I hope that one of these days, in the not distant future, I shall see a splendid new institution going up, which will embody all of the best ideas in hospital design; and if that day ever comes, I shall be conceited enough to regard the new building as my monument!

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The Los Angeles, Cal., Receiving Hospital is to be enlarged, principally as a result of the tremendous increase in the number of street accidents, due to automobile traffic. Dr. E. H. Wiley, superintendent of the hospital, says that the increase is out of proportion to the increase in the number of cars used, having gone up from 300 a few years ago to over 1000 a month at present. Other hospitals in congested districts of large cities are having similar experiences.

# Out-Patient Department As A Social Force

Remarkable Results Obtained by Norfolk State Hospital of Massachusetts in Following Up Its Discharged Patients

ONE of the most interesting and impressive demonstrations of the value of out-patient work from both a social and an economic standpoint is furnished by the experience of the Norfolk State Hospital of Massachusetts, which was established June 1, 1914, for the treatment of inebriates and drug habitues. Its patients are received both through court commitments and voluntary applications.

The work which this institution is doing, and which was begun by the Foxborough State Hospital, whose success in dealing with the situation led to the establishment of the Norfolk institution, demonstrates beyond question the possibilities which are open to institutions of this character, not only in following up discharged patients, but in carrying on educational propaganda with a definite preventive value.

The unique system for the care of out-patients used by the Norfolk State Hospital was devised by Dr. Irwin H. Neff, superintendent of the institution, and has attracted national attention, especially in view of the increased interest aroused in the condition of victims of drug habits through the enforcement of the Harrison law, which has created unusual conditions in almost every community.

The out-patient department as conducted by the Norfolk State Hospital is performing a social service of the most practical character. Its extent is indicated by the fact that two central offices for follow-up purposes are maintained, one in Boston and one in Springfield, while radiating from these offices are eight special offices in metropolitan cities. These offices are used not only for out-patient work, but as clinics and centers for educational propaganda. By these means the term of hospital care may be considerably shortened, enabling a large saving in operating costs to be made.

The department is in charge of a physician with two social workers and a competent clerical force. Complete records are kept of the results, and the showing which has been made is the best possible proof of the value of the work.

The out-patient department keeps in touch with those discharged from the hospital both by mail and personally, and assists them not only in maintaining a condition of abstinence, but in securing employment of the right character and developing associations calculated to strengthen their moral fiber.

In the report of the trustees for the year ending November 30, 1914, covering the first six months of the independent operation of the Norfolk State Hospital, the following description of the out-patient department was given:

"The out-patient department of the Foxborough Hospital became a branch of the Norfolk Hospital when the latter became an independent institution. It not

only provides the means of watching and advising patients who have left the hospital, but because they are thus subject to the supervision of the hospital after they have ceased living there, they are permitted to leave after a shorter stay than otherwise would be expedient. Thus the out-patient department more than pays for itself by saving the cost of maintaining patients in the hospital."

The superintendent's report for that period showed that of 2,754 discharged patients whom an effort was made to keep in touch with, 520 were found to be abstinent, 233 improved, drinking some, but working and earning livelihood; 883 unimproved, not benefited by hospital treatment; 980 not located; 98 had died and 40 were insane. Thus 27 per cent were improved and 32 per cent unimproved.

The progressive character of the work is shown in the next annual report, covering the twelve months to November 30, 1915, when figures covering 4,051 cases indicated that 944 were abstinent, 235 improved, and 932 unimproved, the proportions being 41 per cent abstinent and 51 per cent improved, an increase of 9 per cent of improvements being recorded as compared with the previous year.

The scope of the work of the out-patient department is indicated by such items as this: "Letters sent to 3,758." Those in charge of the department have found it possible to obtain practically all of the facts desired, patients being unusually frank in this connection. Possibly this is truer of this character of work than would be likely under other conditions.

The Boston office of the department is open every day and the Springfield office two days a week. Other offices will probably be established for permanent operation, but in the meantime clinics have been held in thirty-nine cities and towns during the last fiscal year.

Dr. Neff, who may be regarded as having contributed a valuable idea in the organization and development of the out-patient department as applied to state hospital work, said regarding this feature in an address before the National Conference of Charities and Correction at Baltimore in 1915:

"At an early period in our institution's career we recognized that the mere training of a patient at the hospital was in itself an inadequate provision when a discharged patient was compelled immediately to return to adverse conditions. Accordingly, five years ago an out-patient department and clinic was developed; modest in its beginnings, it has rapidly grown in extent and usefulness.

"The Norfolk State Hospital has now established in metropolitan centers two such departments, which are serving definite areas of the state. The department is a

(Continued on page 18.)

## Who's Who in Hospitals

Personal Notes of Men and Women Who  
Are Making the Wheels Go 'Round

**MISS KATHERINE DARBY** has resigned as superintendent of the Silver Cross Hospital at Joliet, Ill., after eighteen years' service. The resignation was effective May 15. Miss Rachel M. Tanner, assistant superintendent, resigned at the same time. Both received the commendation of the board on their retirement.

Miss Mabel Peters has been selected as superintendent of the new Madisonville, Ky., Hospital, which recently opened. Miss Peters has been on private duty in Louisville.

Miss Fay Wilcox, dietitian at the University Hospital, Iowa City, Ia., recently addressed the staff of Mercy Hospital, Davenport, Ia., on the subject of dietetics. The Mercy Hospital recently equipped a diet kitchen.

Dr. M. M. Carr has been appointed superintendent of city hospitals in Dallas, Tex. He has been resident physician at the Parkland Hospital in that city, and will retain that position as well.

Dr. J. C. Collard will be superintendent of the Indian Sanitarium at Ft. Spokane, Wash., which will be opened this summer. The institution is conducted by the United States Government. It will be open to white patients in emergencies.

Miss Nettie Jordan, superintendent of the Aurora, Ill., General Hospital, and second vice-president of the American Hospital Association, is rejoicing in the prospect of getting into her new building, which will be formally opened June 1. The hospital is regarded as one of the best of its size in the country, and cost \$125,000.

Mr. A. L. Nelson, assistant superintendent of the Louisville City Hospital, is receiving the congratulations of his friends on his marriage to Miss Elizabeth Underwood, of Louisville, which was solemnized April 18.

Mr. Louis Levy has been appointed superintendent of Mount Zion Hospital, San Francisco, succeeding Dr. James McClelland, who is to hold the position of resident physician. Mr. Levy has been managing superintendent of the Exposition Auditorium in San Francisco.

Miss Anna B. Davis, of Texarkana, Tex., has been chosen superintendent of the Davis Sanitarium at Pine Bluff, Ark., succeeding Miss Belle McKnight, who resigned recently.

Dr. A. F. Young, until recently house physician of the Detention Home in Milwaukee, has resigned, having become superintendent of the Milwaukee Hospital for the Insane.

Friends of Sister Euphrasia, superintendent of the St. Joseph's Hospital at Lexington, Ky., are concerned as a result of her serious illness. She celebrated her

golden jubilee, marking fifty years with the institution, about a year ago.

Miss Helen Clelland, superintendent of the new Decatur and Macon County Hospital at Decatur, Ill., recently delivered an address to members of the Young Women's Christian Association of that city on the subject of "Health."

Mr. Curtis Livingston, business manager of the Madison, Wis., General Hospital, has resigned to become credit manager of the Ingersoll Watch Company, Chicago. His successor has not yet been chosen.

Miss Eugenia Klinger has been appointed superintendent of the Davenport, Ia., Hospital, succeeding Dr. Sara Foulks, who has resumed the practice of medicine, specializing in women's and children's diseases. Miss Klinger was formerly superintendent of the North Dakota State Hospital.

Miss Elizabeth Woodruff, superintendent of nurses of the Good Samaritan Hospital, Lexington, Ky., recently delivered an address to the home demonstration agents employed by the state board of education, dealing with the care of the sick in country homes.

Miss Louise M. Stockman, a graduate of the University of Cincinnati, has been selected as dietitian for the Galesburg, Ill., Cottage Hospital.

Miss Florence Burt is superintendent and Mr. E. S. Douglas manager of the new Noyes Hospital at St. Joseph, Mo., which was opened for the reception of patients on May 1.

Miss Alice Morse, who has been superintendent of the Monmouth, Ill., Hospital, has resigned, and has been succeeded by Miss Elizabeth Proctor, who formerly held the position. The latter has agreed to hold the place temporarily, pending the appointment of a permanent superintendent.

Dr. J. W. Coon, who served as medical director at the Municipal Tuberculosis Sanatorium of Chicago under the late Dr. Theodore Sachs, will build and manage a private tuberculosis sanatorium in the lake region of Waukesha county, Wisconsin. He has been succeeded at the Chicago institution by Dr. W. A. Gekler. Charles J. Happel has become business director, succeeding Frank E. Wing.

Miss Mary Frances Henderson, whose resignation as superintendent of nurses at the Allegheny General Hospital, Pittsburgh, was reported last month, has been succeeded by Miss Lottie Darling, a graduate of Lakeside Hospital. Miss Henderson will resume active work September 1.

Dr. Douglas Brown will open a new Government hospital at Juneau, Alaska, to serve natives and teachers in the schools for natives. The hospital will accommodate twenty-five.

The Kalamazoo, Mich., State Hospital is completing an industrial building which will be equipped for weaving linen cloth. The thread will be purchased in the market, and no attempt will be made to spin from flax.

# THE HOSPITAL ROUND TABLE

## Uniforms for Employees.

**T**HE advantage of having uniforms for employes, and different uniforms for the various departments, is obvious, because this enables the superintendent and other executives to determine immediately whether the employe should be at a given point, and saves the necessity of asking questions. This arrangement, of course, is of most value in the large hospital, where the number of employes is considerable.

In an important municipal hospital the uniforms are provided as follows: laundry employees, checked gingham dress, net cap; maids on wards, gray gingham dresses, white bib aprons; kitchen employes, white suits and aprons, white caps, without vizors; janitors, blue overalls with white stripes, black caps; scrubbers, blue checked gingham dresses and aprons.

## Use Old Supplies First.

A considerable loss in food supplies is sometimes caused by the habit of placing the latest arrivals in front of the remainder of the stock, thus causing the freshest goods to be used first. The proper plan, of course, is to use the old supplies before the new goods, as in this way there is no chance for the deterioration which is bound to develop if the old stocks are shoved back, instead of being brought forward, when additional goods are received. Even if the stocks which are held longest do not actually spoil in storage, their condition is not going to improve, and the important point is to use everything as soon as after its receipt as practicable.

## Get Your Discounts.

Almost every concern selling hospitals will allow a 2 per cent discount for cash in 10 days after the first of the month following the purchase of the goods. The institution which is not making a point of paying its bills promptly and getting this discount is overlooking an important point.

Just think what 2 per cent on the amount of the bill figures. When the bill is "net thirty days," the seller is paying 2 per cent for the use of the money twenty days, the difference between the 10-day and the 30-day period. That is paying interest at the rate of 36 per cent a year!

You can afford to borrow the money from the bank at the rate of 6 per cent, in order to take advantage of your discounts, and any banker would commend an institution for borrowing for this purpose.

## A Practical Laundry Formula.

Iodine stains give the hospital laundries more trouble than nearly anything else. The following formula, which was developed for the purpose of removing stains

of this kind, as well as those caused by ink, is worth general use:

Dampen the spot with iodide of potash. Allow it to set for ten minutes, and then throw into the washing machine. The iodide of potash will cause the spot to turn red, but it will be entirely washed out in the machine.

The usual treatment for ink-stains is with oxalic acid, but this is a rather slow process. The laundry foreman who gave this formula to HOSPITAL MANAGEMENT stated that it does not injure the goods in any way.

## Making the Most of the Operating-Room.

The small hospital with but one operating-room must manage it efficiently in order to provide maximum service, and at the same time enable it to be made use of by as many as possible, without friction. In planning the day's work, therefore, the judgment of the operating-room nurse must be depended upon to a large extent in allowing the time to be required for a given operation. Some surgeons can perform a simple appendectomy in thirty minutes, while another might require two hours. But the operating-room nurse is usually familiar with the peculiarities of the doctors, and can make allowances accordingly.

If it is found that an operation is taking longer than had been anticipated, and that the time of the next surgeon is likely to be entrenched upon, it is by all means advisable to notify him as far in advance as possible. This will save a lot of inconvenience to him, and the thoughtfulness of the hospital will be appreciated. On the other hand, if the operating-room is to be available sooner than had been figured in advance, the doctor can be notified of this fact, and can often use the additional time by at least having his instruments ready for sterilization before they would ordinarily be.

There is so much rush and hurry in handling operations, especially where the facilities are limited, as they are in the average small hospital, that making a definite effort to conserve time whenever possible will make for better conditions all around.

## The Use of Time-Clocks.

Any hospital which has a considerable employes' pay-roll should have a time-clock, and require everybody to register in and out, as in this way the time will be indicated automatically and there can be no disputes regarding the correctness of the figures. Using a clock will also have a salutary effect in correcting the tendency on the part of many employes to come in late and leave early. The closest of supervision can't always detect these details, but where the clock must be "punched," the record speaks for itself.

### Providing Free Ambulance Service.

Most municipal hospitals have had trouble on the score of regulating ambulance service. In many cases patients who are going to private hospitals, which may not have their own ambulances, endeavor to get the use of the city's equipment for this purpose, although ordinarily ambulances are readily available from the usual sources. This constitutes an abuse which can be eliminated only by laying down the rule that the hospital ambulance is to be used only in transporting cases to the city's institution. Of course, the rule would not apply to emergency cases, which would be taken care of, regardless of the hospital which was to handle them.

### Maintenance Charges for Babies.

The superintendent of a maternity hospital recently called attention to a fact which may have escaped the attention of those who conduct general hospitals, where the care of babies in the maternity hospital is an incident rather than an important factor from the standpoint of maintenance expense.

"It costs almost as much to maintain a baby," he said, "as it does an adult case. Certainly the expense is at least one-half that involved in taking care of an adult, yet we do not include any charge for the infant which is born here, and I do not suppose that other hospitals do, either.

"The mother must have more milk, cocoa and other food than she would otherwise require, and the nursing requirements are of course greater when the baby must be taken care of. In addition, the latter's laundry work becomes an important item, so that altogether the baby involves a lot of expense that is not generally taken into account."

### Stretchers for Laundry Work.

In a large general hospital, which covers so much ground that three laundry chutes were provided, the laundry itself is located in one corner of the building, the distance to the two chutes farthest away being considerable. The plan used at first in the collection of the laundry work was to use trucks of the kind ordinarily provided for this purpose. There was a double objection, however; first, the noise made by the trucks rolling over the concrete corridors was so great that it proved annoying, and second, their capacity was limited and many trips had to be made.

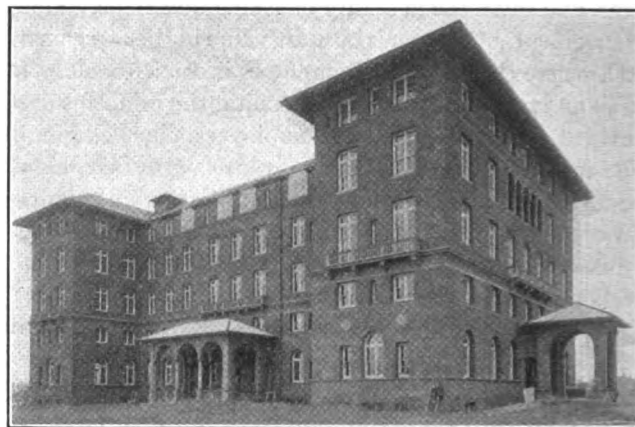
The problem was solved by the use of wheeled stretchers, similar to those which are a part of the regular hospital equipment. The laundry work is delivered in bags, so that it may be placed on the stretchers with no danger of falling off, and the quantity carried in one load is much greater than when the trucks were used. Moreover, the stretchers are noiseless, and the collection of the laundry is no longer subject for criticism.

The King's Daughters Hospital, Ashland, Ky., will be erected at a cost of \$48,000. The contract has been let to Sanders & Fearing, Ashland. J. M. King designed the building.

## Organization Is Completed

Blodgett Memorial Hospital of Grand Rapids  
Starts Work Under Favorable Auspices

THE organization of the Blodgett Memorial Hospital, of Grand Rapids, which was dedicated March 31, has been completed. The hospital is conducted by the Union Benevolent Association, which has been doing hospital work exclusively since 1895. The new building is the result of the generosity of Mr. John W. Blodgett, and was presented as a memorial to his mother.



Five-Story Building of Blodgett Memorial Hospital.

Miss Ida M. Barrett is superintendent of the hospital and training school; Miss Mary A. Welsh, assistant superintendent and dietitian; Miss Grace E. Myers, directress of nurses; Miss Christine M. Hendrie, instructor; Miss Ann M. McMahon, surgical supervisor; Miss Clarissa Hunt, night superintendent; Miss Elva MacNiel, pharmacist; Miss Janet Head, housekeeper; and Dr. W. A. Hyland, resident physician.

Miss Barrett, the head of the new institution, has been connected with the Union Benevolent Association throughout her professional life. She was graduated from its training school in 1892, and after a post-graduate course in the General Memorial Hospital of New York, she was appointed superintendent of her alma mater in 1893. She has been there ever since, and its splendid progress is ample testimony to her executive ability. She has been prominent in the work of the American Hospital Association, serving one year as third vice-president.

The hospital includes five stories and deep basement, with subbasement. It is constructed on a steel frame with reinforced concrete floors. The exterior walls are of wire-cut tapestry brick with terra cotta trimmings. The building is connected with a large 3½ story nurses' home of the same construction and materials by a beautiful curved pergola for warm weather and an underground passage for winter.

The main entrance to the hospital is of Botticini marble, imported from France, and the walls of the main corridor are of the same material. The floors are of terrazzo marble. On the main floor are the administration offices, reception-rooms, waiting-rooms, an ex-

amination-room, private suites of the superintendent, the resident physician, the internes, and the office of the board of directors. The furnishings in the last named room are especially elegant, being in quartered oak, beamed and paneled, with black marble base. The mantel is hand-carved, with solid silver fixtures. The furniture is Jacobean period.

On the same floor are all the dining-rooms, a complete hydro-therapeutic department, with apparatus for electric, Nauheim and Turkish baths. A few private rooms are on this floor.

The second floor contains private and semi-private rooms, a number of which are connected with loggias, or outside porches where the beds from the rooms may be placed at will. Each room is furnished with a high-grade bed, dresser, chairs and a writing desk. Many of the private rooms have bath and lavatory. On several floors one bath and lavatory are accessible from two rooms. The finish is all in tile and steel. All doors are wide enough to permit the passage of a hospital bed with ease.

The third floor will be used as a maternity department, and contains a number of private rooms. There are two delivery rooms. A baby incubator has been provided. By means of double and deadened walls the maternity ward is cut off from the rest of the hospital. A nursery, a gem of a room, is on this floor.

Six large, well lighted and well ventilated wards are on the fourth floor. Four wards have twelve beds each. The two children's wards are on this floor and the men's wards and women's wards are at either end.

On the top floor are the five main operating-rooms. All of the operating rooms face the north, receiving ideal natural light. The bacteriological and pathological laboratory is also on this floor as well as the X-ray room.

The main kitchen, diet kitchen, storage department, linen-rooms, sewing-rooms, and dining-rooms for male and female help, an autopsy department, boiler-rooms, etc., are in the basement.

The White Hospital at Ravenna, O., which was among the institutions affected by the new nurses' registration law, has decided to discontinue its training school, but will offer a one-year course in practical nursing instead.

Through the efforts of Miss Mary E. Wadley, head of the social service bureau of Bellevue Hospital, New York, the Barnum & Bailey circus, which has been showing at Madison Square Garden in New York, gave a special performance on the hospital grounds, April 28, for the benefit of the patients, many of whom managed to reach the balconies overlooking the courtyard where the "greatest show on earth" was given.

The Back Hospital, Jackson, Ky., has been completed and is in operation. It has a capacity of 57 beds, twenty-two private rooms having been equipped.

Dr. L. H. Gilliland, Spring Lake, Mich. has purchased a hotel property and will convert it into a sanitarium.

Dr. Charles Rewerts and Dr. T. A. Jones will build a hospital at Garden City, Kan.

## Should the Doctors Smoke?

"Operating Room Technique" Discussed by Louisville Superintendents at May Meeting.

"OPERATING-ROOM Technique" was discussed at the meeting of the Louisville Hospital Association at the City Hospital May 5, and the question which got most attention was, "Should smoking be permitted?"

It appears that some of the hospitals permit smoking in the dressing-rooms, and that others do not. Sometimes doctors who are spectators in the operating-room smoke, a feature which is generally objected to. There seemed to be some question as to the actual effect of the smoking, but the point was made that germs could be carried from the mouth of the smoker to his fingers and to anything else which the cigar or cigarette happened to touch, and illustrations were given of carelessness in handling which emphasized the possible danger.

Some of the other suggestions made during the discussion of operating-room methods were that no spectators be allowed in the operating-room until the incision has been made; that spectators be required to wear caps and gowns; that spectators not be permitted to group themselves closely about the operating-table, as is sometimes done, and that promiscuous coughing be controlled by the use of towels. That conversation in the operating-room be reduced to the necessary minimum was also suggested as an important point.

The complaint was made that frequently, due to the haste of the surgeons, the surgical nurses are not given a sufficient interval between operations to prepare for them properly, and that at least twenty minutes and possibly thirty should be allowed.

Some of the hospitals, it was brought out, have recently ruled that internes who are handling pus cases must not be permitted to assist in operations, on account of the danger that their cleaning up may not have been thorough.

The Presbyterian Hospital of New Orleans sent out handsomely engraved invitations to the laying of the corner-stone of the Corinne Casanas Free Clinic for the Poor on Friday afternoon, May 5.

The German Hospital, Kansas City, Mo., is planning a campaign to raise \$100,000 to be used in the completion and equipment of the building. Fifty people will take part in the campaign.

Plans have been completed for the erection of the new Henry W. Putman Memorial Hospital at Bennington, Vt., Frank Leslie Walker, New York, being the architect. The estimated cost of the structure is \$100,000. It is understood that an endowment fund will be available for its maintenance.

Rose & Peterson, of Kansas City, have been retained to design the tuberculosis hospital to be built by the Jasper County Anti-Tuberculosis Society at Joplin, Mo. The cost of the hospital will be about \$90,000.

# Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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MAY, 1916.

No. 4

## Calendar of Hospital Events

West Virginia Hospital Association, Wheeling, May 18.

Ohio Hospital Association, Cincinnati, May 24-26.

Catholic Hospital Association, Milwaukee, June 7, 8, 9.

Hospital Section, American Medical Association, Detroit, June 12-16, inclusive.

American Hospital Association, Philadelphia, September 26-29, inclusive.

## Attend the Hospital Meetings.

Many hospital association meetings are scheduled for the next few months, and executives will have plenty of opportunities to exchange ideas with others during the summer months, association activities culminating in the meeting of the American Hospital Association in Philadelphia in September.

Every hospital superintendent ought to make up his or her mind to attend as many of these meetings as possible. Association work is an opportunity which should be taken advantage of. The hospital which is making progress is that whose executives have acquired new ideas from personal contact with other live wires, resulting in new enthusiasm and new energy for the work of the day.

Association work is like a great many other things, in that you are able to get out of it exactly in proportion to what you put into it. The active, earnest worker, who endeavors to help more than through merely holding a membership, not only assists in the promotion of the organization, but obtains benefits of incalculable value. The member who stands aloof, critically watching the efforts of officers and committeemen—without doing any work himself—is not likely to feel that his membership is of value.

The best way to enjoy and profit from your association connections is to attend the meetings.

## A Superintendent or a Figurehead?

The efforts of a certain hospital executive in a certain Middle Western city have been handicapped for a long time, it is said, by the tendency of the head of the board to assume authority which properly belongs to the superintendent. As a matter of fact, the latter, while charged with the responsibility of the management of the institution, has incomplete authority, and is therefore in the embarrassing position of one who is going to share the credit, if there is any, but who must shoulder all the blame, if things go wrong.

Putting it briefly, such a position is intolerable, and the executive who is confronted with such conditions should see that they are corrected, or resign. No one can expect to do efficient work if the power to say "Yes" and "No" is lacking. Being harnessed and harassed simply means that progress has become impossible; and the worst of it is that this condition not only insures lack of progress for the institution, but stagnation for the individual as well.

One of Elbert Hubbard's famous slogans was, "Get out or get in line!" It might well be paraphrased, as far as the superintendent is concerned, in the words, "Get authority or get out!" Being a figurehead was never a pleasant employment.

## Special Hospitals As Training Schools.

The head of a large maternity hospital recently complained of the difficulty of securing pupil nurses in sufficient number, commenting upon the fact—and it appears to be a fact—that similar difficulties are being met with by other institutions of special character.

The hospital which has an unusual equipment and elaborate facilities for a particular kind of work naturally emphasizes the value of its specialty, and minimizes the importance of the opportunities for the study of this feature offered in the general hospital.

Yet, obviously, it is not possible for the student nurse to cover each branch of her training by means of study in a special hospital, and the very advantages emphasized for the latter involve disadvantages which can hardly be overcome. That is, concentration on one kind of work, while effective in giving splendid training in that branch, necessarily eliminate other equally important classes of nursing.

Another consideration, and one which from the standpoint of the service rendered the public ought to be given first place, is that the special hospital, by reason of its devotion to a particular kind of work, is presumably better qualified than a general hospital to care for those needing this particular treatment. This suggests that nursing service, as well as every other feature, should be not ordinarily good, but extraordinarily good. If, however, the hospital is conducting a training school and endeavoring to provide nursing service by means of pupil nurses, and is finding it difficult to secure a suffi-

cient number to take care of its patients, the evident conclusion is that the results are not going to be satisfactory either to the hospital or its patients.

The solution, of course, is the use of graduate nurses. This would mean greater expense, but it would also mean increased efficiency and a better grade of service than can possibly be provided under the conditions outlined. The special hospital which is well endowed should consider putting part of its income into top-notch nursing service, which is even more important than handsome fixtures and elaborate scientific apparatus.

The effort to reduce operating expenses by conducting training schools is one reason why so many small hospitals do not live up to their full opportunities. They fail to give their students the experience and training which they need, on the one hand, and they fail to render patients the service which they are entitled to, on the other.

Training schools are necessary and those which are properly equipped are able to carry on a splendid work; but the hospital which is not in a position to run a real training school should make up its mind that its work demands the employment of graduate nurses, and should emphasize this feature, rather than attempt to avoid it by the use of make-shift methods.

### Compare Notes With the Other Fellow.

A frank comparison of operating costs among hospital managers would serve to give everybody a lot of information, and would bring out discrepancies which would immediately suggest better methods to some of those present.

Proof of this is furnished in a comparative statement covering food costs for three hospitals in a large Eastern city, which was recently sent to HOSPITAL MANAGEMENT. The figures cover the cost of the raw material only, and do not include preparation or service.

One of the institutions found that its food costs 42 cents per person per day, or 14 cents per meal. The second has an average per capita cost of 38 cents a day, or 13 cents a meal, and the third has been able to get its cost down to 30 cents per capita per day, or 10 cents a meal.

The striking thing about the comparison is that the lowest per capita cost was reported from the hospital which has the best reputation in the matter of food! The explanation is probably to be found in the waste proposition. Both of the first two institutions are able to contract for their kitchen waste at what seems to be a high figure. The hospital with the 10-cent basis uses up its food materials so closely that its waste is practically worthless to the buyer.

Is there a moral in this for you?

The Flagler Hospital at St. Augustine, Fla., which was presented to the city in 1888 by the late Henry M. Flagler, was destroyed by fire May 11. The patients were removed in safety.

### Notes and Comment.

Superintendents of twenty Ohio state institutions will hold a meeting at the Lima State Hospital May 24 and 25. This is another evidence of the growing appreciation of the value of the get-together idea.

Increasing construction costs are emphasized by the discovery that the Blue Mound Sanatorium, which is to be erected by the city of Milwaukee, will cost more than had been anticipated. New bids will have to be asked for, it is stated.

Iowa state institutions are making a showing in the matter of food costs that seem unbelievable to the manager of a single hospital. Allowing for larger purchases and the possibly lower quality of food served, the range of 3 to 7 cents per meal is amazingly low. The figures cover the operations of fifteen institutions caring for 10,000 persons.

A good idea has been made use of by the Woman's Hospital, of New York, which has installed white-enameled laundry equipment, the appearance of the laundry being unusually attractive on this account.

Miss Anna K. Tapley, head of the social service department of the New Haven, Conn., Hospital, reports that the plan of giving this department charge of the admission of patients has enabled it to obtain much more information and to do much more effective work than formerly, as it can now get immediately in touch with the case.

How fast should a hospital ambulance go? This question has been raised in Washington, D. C., where the police authorities attempted to hold the ambulances to the legal limit of 12 miles an hour. After conferences had been held, it was decided that in handling emergency cases the ambulances might run as fast as 20 miles an hour.

The value of hospital service in maternity cases has been impressed on the public mind as the result of the prominence given to the birth of Eleanor Saxon Sayre, granddaughter of President Wilson, in the Jefferson Hospital, Philadelphia, on March 26.

Congratulations are extended to the Alexian Brothers Hospital, of Chicago, which has been celebrating its golden jubilee, marking the close of fifty years of work in the service of those of all creeds. The first buildings of the hospital were destroyed in the conflagration of 1871, the present structures having been erected twenty years ago.

The American Theatrical Hospital Association, which began work five years ago, will open a hospital for sick and injured actor-folk on Irving Park Boulevard, in Chicago, next October.

The new building of the Young Woman's Christian Association in Madison, Wis., will include a completely equipped infirmary, consisting of three rooms.

The corner-stone of the Children's Hospital in Denver, Col., was laid on April 27. This institution, which has won the support of hundreds of leading people of Denver, will be one of the finest of its kind in the Southwest.

The Broad Street Hospital, which is to be established in New York for the purpose of providing emergency hospital facilities for the congested district of lower Manhattan, was given a state charter recently over the protest of some of the other New York hospitals, which asserted that the new institution was not needed. It was shown, however, that 1,500,000 people would be served by the new hospital, of which Dr. A. J. Barker Savage will be superintendent.

In connection with plans for the enlargement of the Minneapolis City Hospital, which were discussed at the annual meeting of the staff recently, emphasis was laid on the necessity of having the institution in a central location, rather than on the outskirts.

A certain New York hospital is to be the beneficiary of the efforts of its ladies' board, which has started a "chain letter" plan. In view of the general disrepute into which the chain letter has fallen, as well as the unsystematic and unbusiness-like character of the idea, the use of this plan can hardly be commended for general adoption.

The health department of New York state has suggested, in discussing provisions to be made for tuberculosis hospitals, that the ratio of one hospital bed to each annual death should be established. This is, of course, an arbitrary proportion, but certainly suggests a minimum which ought to be kept in mind.

The police emergency hospital at Salt Lake City, Utah, has simplified its records by the use of a blotter similar to that used at police headquarters. It was designed by Dr. W. Scott Keyting, police surgeon, and is intended to present in brief form the facts about cases handled at this hospital.

Nine Cincinnati hospitals are preparing to cooperate in the use of the Central Purchasing Department, Council of Social Agencies. C. M. Bookman is in charge of the purchasing department. The articles to be standardized for purchase under this plan are cotton, gauze, coal and soap.

Illinois is providing an institution for epileptics which will cost \$1,500,000. A colony is being established on a 1,100-acre site near Dixon, and will be ready for patients next September. It is estimated that there are 10,000 sufferers from epilepsy in Illinois.

R. B. Babington, of Greensboro, N. C., has undertaken the establishment of an orthopedic hospital to cost \$50,000. Interest in the care of crippled children is growing at such a rate that it is believed the hospital may soon be built.

The Cooper Hospital, Philadelphia, has established a baby clinic to serve poor families of Camden, the suburb in which it is located. Superintendent Bailey has fixed two afternoons for these clinics, which promise to be popular and helpful.

Physicians, dentists, oculists and others have joined in the organization of the Cooperative Hospital Association, which will build a \$300,000 hospital on Prospect Avenue in Cleveland.

The finance committee of the Boston city council reports that an investigation into the Boston City Hospital has shown that within the past two years a plan has been consistently carried out for putting employees in a basis of classified organization, and that an effort has been made to equalize the pay of employees doing the same kind of work.

John A. Kingsbury, commissioner of charities of New York, has organized a committee of citizens for the purpose of developing a plan of occupational work among the convalescent and chronic patients of the hospitals under his department.

Executives of new hospitals of size, which start out with fixed administrative expenses, which when distributed over the comparatively small number of patients cared for at first seem excessive to the casual observer, will sympathize with the Otter Tail County Sanatorium in Minnesota, which has been criticised recently on this account. In addition to a heavy overhead, it has labored under a high cost of supplies due to a poor location, involving unusual transportation expense.

## Will Convene in Milwaukee

Catholic Hospital Association Arranges Unusually Attractive Program for Convention

**D**R. MAUD R. WILLIAMS, secretary of the Catholic Hospital Association, which will hold its second annual meeting in Milwaukee June 7, 8 and 9, has arranged an attractive program, which will insure interesting sessions for those who attend. The meetings will be held in the Auditorium of the Gesu school building at Thirteenth and Sycamore streets.

At 9 o'clock on the first day the Right Rev. Sebastian G. Messmer, Archbishop of Milwaukee, will deliver a sermon at Gesu Church, following mass. At 10 o'clock the delegates will register and at 10:45 the meeting will be formally opened by the Rev. H. C. Noonan, S. J., president of Marquette University. Dr. John R. McDill, of Milwaukee, chairman of the Wisconsin Committee for the Rating of Hospitals, will deliver the address of welcome, and the Rev. Charles B. Moulineier, S. J., president of the association, will deliver his annual address.

The afternoon session will be devoted to a symposium on "Team-Work," which will be opened by Dr. C. H. Mayo, attending surgeon at St. Mary's Rochester, Minn. He will read a paper on "The Nature, Necessity and Value of Team-Work in a Hospital." Dr. Edward S. Evans, St. Francis Hospital, La-Crosse, Wis., will discuss "What the Physician Should Contribute to the Team-Work," and Dr. Austin O'Malley, of Philadelphia, will speak on "The Ethical Basis of Team-Work in Hospitals."

The subject will be continued the following day with a paper by Mother M. Esperance, of St. Mary's Hospital, Minneapolis, on "What the Sister Should Contribute to the Team-Work." Dr. E. H. Beckman, St. Mary's Hospital, Rochester, Minn., will read a paper on "What the Interns Should Contribute to the Team-Work." "What the Nurse Should Contribute to the Team-Work" will be the subject of the paper of Miss Adelaide M. Walsh, of Chicago, president of the Illinois Board of Nurse Examiners. "What the Patient Should Contribute to the Team-Work" will be taken up by Dr. W. E. Fairfield, St. Mary's Hospital, Green Bay, Wis. Rev. F. W. Tracy, chaplain St. Mary's Hospital, Rochester, Minn., will have as his subject "What the Chaplain Should Contribute to the Team-Work."

A symposium on "The Rights of the Patient" will take up the third day's session. Dr. Henry A. Christian, of Peter Bent Brigham Hospital, of Boston, will read a paper on "The Medical Profession's Obligation to the Patient Who Needs Hospital Care." Dr. John T. Bottomley, Carney Hospital, Boston, will discuss "The Hospital's Obligation to Every Patient Who Enters," and Dr. B. F. McGrath, Marquette University School of Medicine, Milwaukee, will lead the discussion of "The Staff's Obligation to Every Patient Who Enters the Hospital."

## West Virginia Program Out

Important Subjects to Be Considered  
at Wheeling Convention on May 18

A LARGE attendance at the meeting of the West Virginia Hospital Association, which will be held at the McLure Hotel, Wheeling, May 18, is expected, as the program announced by Dr. W. H. St. Clair, of Bluefield, is unusually interesting. It is as follows:

Invocation—Rev. Jacob Brittingham, Wheeling, W. Va.  
Address of Welcome—Mayor H. L. Kirk, Wheeling, W. Va.

President's Address—Dr. G. C. Schoolfield, Charleston, W. Va.

Address—"What the State Association Can Accomplish"—Mr. Howell Wright, Secretary Cleveland Hospital Council, Cleveland, Ohio.

Address—"The Essential Purpose of a Hospital"—Dr. Chas. A. Wingerter, Wheeling, W. Va.

Luncheon—Directors of the Ohio Valley General Hospital.

A Demonstration of Practical Methods of Teaching in a School for Nurses—Miss Harriet M. Phalen, Wheeling, W. Va.

Address—Dr. A. P. Butt, President of the West Virginia State Medical Association, Davis, W. Va.

Address—"The Hospital of the Future"—Dr. C. L. Bonifield, Cincinnati, Ohio.

Address—"Hospital, County and State Aid"—Mr. N. C. Hubbard, Wheeling, W. Va.

Address—"Our Schools for Nurses, Past and Present"—Dr. J. M. Sites, President State Board of Examiners for Nurses, Martinsburg, W. Va.

Report of Executive Committee.

Report of Membership and Auditing Committee.

Report of Legislative Committee.

Report of Secretary-Treasurer.

Business Meeting.

Adjournment.

## Kansas Hospital Meeting

Growth of Hospital Idea Discussed  
in Address by President J. T. Axtell

THE Kansas Hospital Association held a successful meeting in Topeka, May 2, the session being held in the rooms of the state board of control in the state-house.

Dr. J. T. Axtell, of the Axtell Hospital at Newton, dealt with the growth of the hospital idea in his address as president of the association. He pointed out that when the Axtell Hospital was organized nearly thirty years ago, the hospital idea was unpopular, and people of means preferred to have even operations performed in their own homes. He discussed the advantages to both patients and physicians of hospital facilities, and suggested that every town of any considerable size should organize and maintain a small hospital. Co-operation among all of the physicians is necessary to its success, he pointed out. Dr. Axtell maintained that a hospital should not be organized for profit, but should put its surplus into additional buildings and equipment. The state tax situation was discussed in detail,

the present plan exempting those which are under the jurisdiction of the state board of control. It is probable that the question of hospital taxation will come before the courts shortly, he predicted, when every hospital should interest itself in the case.

Sister Catherine Voth, a member of the state board of registration and examination of nurses, urged the standardization of training school methods and requirements for graduate nurses. The same topic was discussed by Dr. F. W. Shelton, of Independence, Kan., who declared that standardization is the only salvation for the small hospital. If it does not maintain the standards established in larger institutions, he pointed out, it can not hope to be regarded as a proper place for training.

Dr. M. Truehart, of Sterling, discussed cooperative buying. This, too, involved the idea of standardization of supplies, in order to enable the plan to be properly used.

Dr. R. Claude Young, of Arkansas City, spoke on "The Responsibility in Cases of Hot Water Burns."

## X-Ray Material Markets

Supply Manufacturers Comment on  
Situation Caused by the European War

Hospitals will be interested in the following statement of the X-ray material situation, as outlined recently by the American Photo Chemical Company, of Rochester: "At present the raw material has advanced approximately 100 per cent, due to the fact that the principal materials used were of foreign manufacture, both English and German. When the supply was cut off from abroad, American capitalists started the manufacture of various items with a marked degree of success, and it is only a matter of time when prices will be brought to somewhere near the levels which obtained before the European war. It will be our policy in the future to procure our supplies from American manufacturers, though prices should remain higher than foreign products."

The Eastman Kodak Company calls attention to the fact that practically all manufacturers of photographic plates and papers are now publishing formulas which provide for a most economical use of such developers as are available. "While the chemicals are high," says L. B. Jones, of this company, "this matter is not so important as might seem at first glance, because the cost of chemicals, anyway, is only very slight in proportion to the cost of plates, the latter having advanced but little."

The Marquette University School of Medicine has announced a schedule of summer courses for Laboratory Technicians, which is intended "to aid in elevating the scientific status of hospitals to a high level." There will be a course in clinical pathology, in pathology, bacteriology and medical photography, in the X-ray, in social service, in anesthetics, in free hand drawing and in massage. The courses will begin June 12.

## Write for Free Booklet

We have recently printed a booklet which tells the wonderful story of American walnut, the finest wood that grows.

For a quarter of a century it was exported to Europe for use in the finest buildings of the old world, but recently Americans have realized the folly of neglecting this superior material, and it has come into its own with a rush.

The Elizabeth Steel Magee Hospital, referred to in this issue, has some splendid furniture of American walnut.

The booklet tells all about it.

## American Walnut Association

LOUISVILLE, KY.

## How Much For an Idea?

**W**HAT would you pay for the services of an efficiency expert, who would go through hundreds of hospitals for you, looking for ideas which you could use to advantage? It would take intelligence, time and effort to give you the benefit of the experience of these hundreds of other institutions, and you would be prepared to pay well for the service.

**Y**OU can get the ideas, and enjoy the advantages of other people's experience by reading *HOSPITAL MANAGEMENT* regularly. It is a forum for the presentation of new thoughts, and a record of progress in the administration of hospitals.

See our special offer to new subscribers on page 1 of this issue

## Out-Patient Department As A Social Force

(Continued from Page 9.)

fixed part of the hospital. An active vocational bureau is maintained, visits are made to the homes of discharged patients, aid is supplied to dependent families, and every effort is made to reinstate the patient in his business interests and domestic relations—for unfortunately it is often the case that the victim of habitual drunkenness has not only lost his self-respect, but has also forfeited the respect of others. At this point a strong helping hand is needed. This was the fundamental reason for the beginning of our out-patient work.

"Another feature of the department is medical and social clinical work. An increasing number of persons apply for advice, and it is often quite feasible to treat such persons outside of the institution, reserving the hospital, or custodial treatment until conditions demand it. Furthermore, the out-patient department serves as an educational center, acquainting the public with the aims and purposes of the hospital.

"This department has rendered valuable aid in carrying on the educational and medical-social work begun at the hospital. Every patient at the time of his discharge is impressed with the idea of cooperating with the out-patient department. Some of these discharged men report to the hospital, others at the office of the out-patient physician, while others are visited at intervals by the physician of the department.

"During the past year 3,286 visits have been made to the homes and workshops of discharged patients, and over 100 permanent positions have been obtained for them."

The Norfolk State Hospital has a capacity for 250 patients, the cottage or colony idea being followed out in the construction of buildings. Industrial work, in which farming is an important item, is carried on by the patients. Efforts are being made to increase the equipment so as to enable the confirmed alcoholics to be separated from those who are curable. Provisions are also to be made for the treatment of women, an increasing number of cases of drunkenness of this character having been reported.

### Housing of Employees.

One of the questions which should be considered in connection with the matter of housing employees is the attitude of the employe toward the hospital. If being provided with living quarters makes him feel that he is an integral part of the institution, and as such owes it more than he otherwise would, something has been gained.

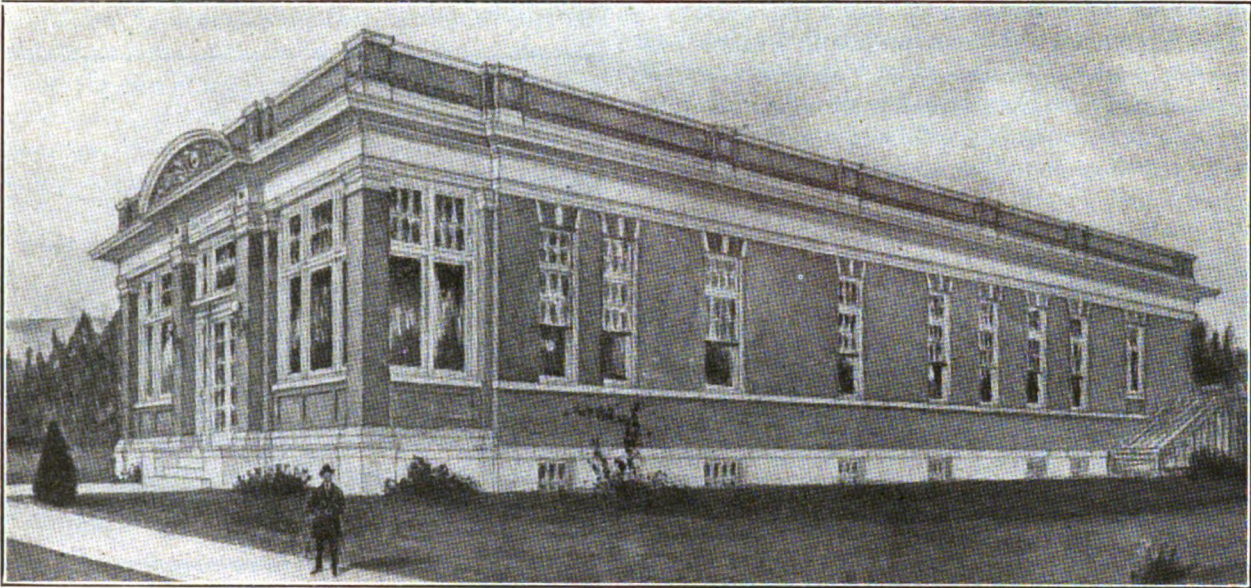
A successful hospital executive, commenting on this recently, pointed out that, including the value of the board and lodging furnished his laundry workers, they were getting far more than employees of commercial plants in that community.

"But," he added, "we often have rush periods and over-time work. These women do not object to this extra service, because they feel a certain esprit de corps with reference to the hospital; and this helps us over the rough places."

# INDUSTRIAL DEPARTMENT

## Unusually Complete Equipment of Hospital

Bethlehem Steel Company's Emergency Building Provides X-ray Room, Laboratory, Baths, Kitchenette, etc., with Five-Bed Ward Fully Equipped



Emergency Hospital of Bethlehem Steel Company, now being erected.

**T**HE Bethlehem Steel Company is now completing an emergency hospital at its South Bethlehem, Pa., works, which will have more complete facilities, probably, than the average hospital of this character. The general plan and scope of the work is outlined by Dr. Loyal A. Shoudy, chief surgeon, as follows:

"Bearing in mind that very often small scratches cause serious trouble, and that infection must be cut down or prevented, the best of methods and equipment must be provided. To this end we are furnishing equipment for the sterilization of all instruments and gauze and for the handling of all waste. X-ray examinations will be made of all fractures and records will be kept of them. The laboratory will furnish a means for diagnostic work. The ward will prove rest and comfort until shock is relieved. The bath will furnish adequate quarters for all heat cases, and in its entirety it is hoped that this hospital will meet all of the demands of the injured men."

The building, which is now under construction, is to be of red pressed brick with stone and cement trimmings. It will be one story high, with basement. The general plan is such as to give easy access from one room to the other, and to enable cases to be handled with a minimum of labor. Windows will all be double, screened, and provided with ventilating fans. The size of the windows is unusually large. The interior wood-

work is to be prepared with special reference to ease of cleansing. The doors will be of African mahogany, full panel, with woodwork to match. Indirect and semi-direct lighting is called for.

The corridor runs the full length of the building, giving easy communication between the rooms, and full swing doors placed about midway cut off the administration from the working part of the hospital. Terrazzo floors will be used everywhere except in the surgeons' and nurses' rooms, and all corners will be rounded. The dispensary, operating, sterilizing and bath-rooms are to be finished entirely with Vitrolite.

The surgeon's office will be equipped with modern office and filing devices. It will provide privacy for consultation work. A reference library will be installed here.

There will be a nurses' rest-room, with a private lavatory and wardrobe in a room adjoining. The furnishings of the rest-room will include easy chairs, dresser, couch and other appropriate furniture.

The entrance to the waiting-room is from the plant, and has a copper and glass entrance. Steel chairs will be provided. Men who are working will be treated first. "In" and "Out" doors are provided to avoid confusion in handling the men. A sanitary drinking fountain will be installed in this room.

The dispensary is to be finished entirely with Vitrolite, terrazzo floor, "built-in" cabinets, free sinks, etc.

The sinks are provided with knee action valves, and the footbath and sinks are of vitreous china. The instrument cabinet is 40 by 49 inches by 8 feet. Opening from the dispensary is a small dark-room for eye work and other work requiring such equipment.

The examination-room will be fitted with table, chairs, surgeons' wash-sinks, etc., and will be the "handy room" of the hospital. The operating-room will contain complete equipment for attention to the more severe cases. The sterilizing-room connected with it will contain water sterilizers, instrument and basin sterilizers and a wash-sink.

The X-ray room will be equipped both for plate and fluoroscopic work. The dark-room will have a special filing-cabinet, to enable a complete record of all cases to be kept. The laboratory will be equipped with incubators, centrifuge and other apparatus for microscopic and bacteriologic work.

The bath-room is large and finished with Vitrolite. It will contain a special tub with automatic mixer, for regulating the temperature of the water. A built-in warming closet and drying-room opens from the bath-room.

The ward and recovery room will be used in all emergency cases from whatever cause, including heat, shock, hemorrhage, etc. It will be equipped with five beds, beside tables, chairs, electric warming blankets, etc. A kitchenette opens from the ward, and here will be prepared coffee, soup, etc.

The basement is to contain the work-rooms. One will contain a large dry-sterilizer for sterilizing all gauze, dressings, etc., as used. The work-rooms are all to be equipped with steel cabinets and lockers.

One large room with separate entrance is provided for the meetings of the safety committee, which is an important feature of the Bethlehem Steel Company's plant, and the drilling of first-aid teams.

## One Way to Enforce Rules

Youngstown Company Lays Off Employees Who Fail to Report Injuries to Hospital

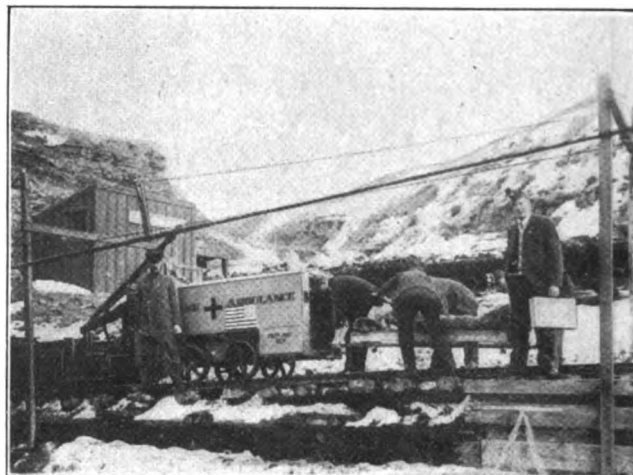
ONE of the difficulties which industrial concerns have in connection with minimizing the effect of accidents is getting their men to come to the emergency hospital for attention to every injury, however trivial. Often the employe regards the hurt as too unimportant to deserve treatment, and later on the cut is infected and serious trouble develops.

In order to emphasize the necessity of reporting every injury, the Youngstown, O., Sheet Tube Company lays off those who fail to comply with the rules in this respect. One of the employes in the mechanical department recently received a slight scratch which in his opinion was too insignificant to need medical attention. He reported to the hospital two days later with an infected finger, and lost ten days' time because of his failure to observe the rule. When he was ready to work he was told to take a week off and read the company's safety bulletin several times each day.

## Design a Mine Ambulance

Electrically Heated Car Prevents Injured Men From Being Chilled in Reaching Surface

JOHN MAXWELL, mine foreman at No. 7 mine of the Union Pacific Coal Company at Rock Springs, Wyo., and Charles Gregory, assistant mine foreman, have evolved a mine ambulance which has enabled them to solve the problem created by the distances which must frequently be covered in transporting injured men from the working face of the mine to the outside.



Ambulance designed for use in coal mine.

The ambulance is roomy enough to accommodate the patient and the attendant without difficulty. It is electrically lighted and heated and is equipped with a cot suspended from springs to eliminate jarring. On the sides are receptacles for first-aid supplies, hot water bottles, blankets, etc.

The custom at this mine before the ambulance was provided was to place injured men on stretchers and transfer them on mine cars to the surface. As the distance covered was sometimes from three to four miles, the injured men frequently became chilled, and suffered from shock, no matter how well protected they were by blankets. This was due to the fact that the car moved against the intake air current, which travels at high velocity and in the winter time has a very low temperature.

The accompanying illustration shows Mr. Maxwell standing by the ambulance. Mr. Gregory is at the right with a first-aid box in his hand.

George O. Knapp, president of the Union Carbide Company, who is also interested in the Michigan Northern Power Company, has offered on behalf of these companies to give one dollar for every \$2 raised for a new hospital in that section.

The Simons Mfg. Company, Fitchburg, Mass., has an emergency hospital at its saw factory. It is in charge of Sophia A. Gressnich, R. N. When not on duty in the emergency room, Miss Gressnich does visiting work among the families of the employes.

## Will Increase Assessments

Wabash Railway Hospitals Find Cost of Operation Greatly Increased in Recent Years

**E**MPHASIZING the rising costs of hospital maintenance, increased assessments are being considered by the Wabash Railway Employees' Hospital Association, whose trustees recently met in St. Louis to discuss the situation. The dues are now 50 cents to \$1 a month, depending on the class of service and wages received by the 11,000 employees. This rate has been sufficient to maintain the three hospitals and the several dispensaries of the railroad, but during the past few years the cost of food and medical supplies has risen at such a rate that the surplus which had been accumulated has been wiped out, and war quotations on surgical supplies have caused a deficit. The increased assessments will probably be announced shortly.

## Furnishes Medicines Free

Medical Department of B. Altman & Co. an Important Feature of Its Welfare Work

**A**N important feature of the welfare work of B. Altman & Co., the New York department store, is its medical department, which is on the twelfth floor of the building. There are two wards, one for male and one for female employees. Two small waiting-rooms and one large general consultation-room are provided. Two nurses are on duty at all times, and the house physician, who is on duty three hours a day, is on call at all times. The store supplies medicines from its own pharmacy without charge to the employees. The operating-room is completely equipped, and takes care of such emergency cases as develop from time to time.

An important feature of the department is the physical examination of employees, though this is not compulsory. However, as they come to the department from time to time, the examinations are managed, so that the physical condition of everybody employed by the store is ultimately determined, and real aid is thus possible.

The department provides a milk diet free to those who are found to be anemic or poorly nourished.

The American Smelting & Refining Company has let a contract for the erection of a \$17,000 emergency hospital near its smelters at Garfield, Utah. The building will be of fireproof construction, with concrete floors and brick walls, and will be of the mission type of architecture. Nurses' quarters, operating-rooms and laboratories are to be provided. It is expected that the hospital, which was designed by F. D. Rutherford, an architect of Salt Lake City, will be ready for occupancy in sixty days.

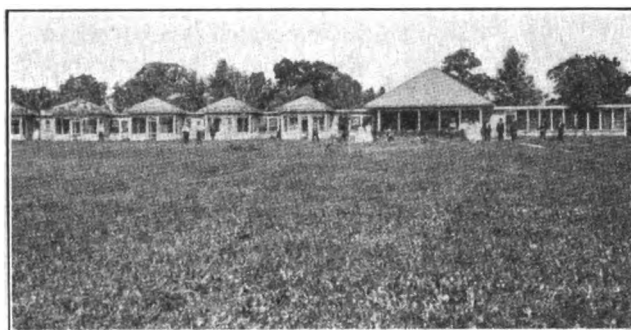
The Iowa Miners and Industrial Hospital, Des Moines, Ia., is making progress in its effort to raise a \$1,000,000 fund, a campaign now being under way.

## Sanitarium of the Crane Co.

Dr. Harvey Describes Unique Provisions Made for Recuperation of Run-Down Employees

**R**EFERENCE was recently made in this department to the health work of the Crane Company, Chicago, which maintains a sanitarium at Buffalo Rock where employes convalescing from illness or physically run-down may recuperate. Dr. A. M. Harvey, chief surgeon of the company, has given HOSPITAL MANAGEMENT the following description:

"There are about 50 acres of beautifully wooded land, rising abruptly to about 120 feet at the bank of the Illinois River. This is one of the beautiful historic spots of Illinois. It is located about 80 miles southwest of Chicago, directly across the river from the State Park at Starved Rock and Deer Park.



Cottages at Sanitarium of the Crane Co., of Chicago.

"The buildings are arranged so that each room is, as it were, a cottage with its own sun parlor. The rear of the room is connected with the main corridor which leads to the main sun parlor and dining-room of the institution. All of the rooms have south exposure and an abundance of sunlight, and the breezes from over the prairies and the river are delightful and invigorating.

"There are about eighteen acres under cultivation, so that the institution has its own milk, eggs, vegetables, etc. Employees of the Crane Company are sent to the sanitarium at the direction of the writer. Contagious and infectious diseases are not taken.

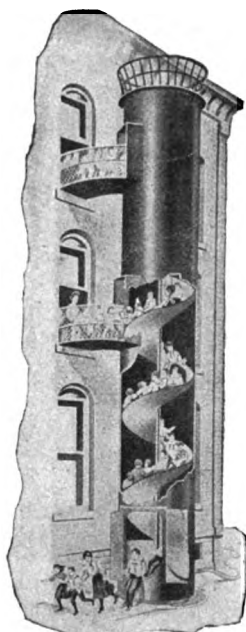
"All expenses are borne by the Crane Company. The management of the sanitarium is in charge of a graduate nurse who has had years of experience superintending hospitals and sanitariums.

"In 1915 65 employees were cared for at this institution. We are going slowly with the work, but the institution has great possibilities of development.

"The construction of the buildings is stucco. The help's quarters, stables, boiler-rooms, etc., are all separate from the main institution."

The Colorado Fuel & Iron Company, which is completing hospital buildings at Primero and Sunrise, Col., has announced that its hospital service is to be extended. Visiting nurses and increased dispensary facilities will be established, according to announcement made by J. F. Welborn, president of the company, from the general offices in Denver:

## Is Your Hospital Up-to-Date?



Kirker-Bender Spiral Fire Escape

You may have the best of operating-room equipment, handsome furniture, modern methods of operation and management, but are you equipped to remove your patients promptly in case of fire?

### The Kirker-Bender Fire Escape

is a good investment, not only because it is the only escape which is adapted to the needs of hospitals, but because it will give you peace of mind which you cannot possibly have without it.

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A High-Grade Guatemalan Coffee imported directly from Central America by C. C. Mengel & Bro. Co., Incorporated, in connection with their extensive **Mahogany** operations. Operating their own steamships, importing directly from plantation, their facilities for handling, etc., make it possible for them to offer you this splendid coffee.

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Delivered Anywhere in U. S.

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LOUISVILLE, KY.

## Industrial Work Is Featured

American Medical Association Gives Subject Prominence—New Body to Be Organized

**I**NDUSTRIAL work will be emphasized at the convention of the American Medical Association in Detroit June 12-16. The organization of the American Association of Industrial Physicians will be completed June 12. During the past few years physicians engaged in this character of work have held meetings under the Section on Industrial Hygiene at the conventions of the American Public Health Association and the National Safety Council. During the past year it was decided to organize a separate association.

At the Detroit meeting the following subjects will be discussed:

Medical examination of employees; the surgeon as an aid in preventing accidents; emergency surgery and standardizing the proper treatment in certain types of emergency cases; standardizing the records used in this work; various forms of industrial insurance and the need of a Federal health insurance law.

Dr. Chase Stubbs, of the National Malleable Casting Company, Chicago, is chairman of the Organization Committee, and Dr. Harry E. Mock, of Sears, Roebuck & Co., Chicago, is secretary.

The Section on Preventive Medicine and Public Health of the general association will hear a report of the Committee on Industrial Sanitation at its June 14 session. The members of the committee are Dr. J. W. Kerr, Washington, D. C.; Dr. Sidney M. McCurdy, Youngstown, O., Sheet & Tube Company, and Dr. Otto P. Feier, Cincinnati, O., Milling Machine Company.

There will follow a symposium on "Health Problems in Industry," which will cover the following topics:

"Industrial Medicine and Surgery—The New Specialty"—Harry E. Mock, Chicago.

"Medical Supervision of Factory Employees; Result of Five Years' Experience"—W. Irving Clark, Jr., Worcester, Mass.

"Medical Supervision of Street Railway Employees"—Charles H. Lemon, Milwaukee, Wis.

"Bad Teeth and Their Effect on the Workman's Efficiency"—Carl E. Smith, Akron, Ohio.

"The Relation of Health Insurance to National Health"—Benjamin S. Warren, Washington, D. C.

"The Relation of Health Insurance to the Wage Earner"—I. M. Rubinow, New York.

Dr. J. H. Reuss, whose Salome Hospital at Cuero, Tex., handles the work of the San Antonio and Aransas Pass Railway, has purchased a site and will erect a new and modern hospital building. The present structure is of frame and its capacity is too small.

The Willowbrook Sanitarium, Kenosha, Wis., has completed its new building, which will be used for the treatment of tuberculosis.

## Give Education in First Aid

Compensation Company Educates Utica  
Manufacturers in Methods and Equipment

THE American Mutual Compensation Company, of New York, has been doing experimental work at Utica, N. Y., for the purpose of assisting its members in the reduction of the number and seriousness of accidents. Its work has been done under the auspices of the American National Red Cross Society. First-aid classes composed of representatives of the manufacturers were formed, the text-book of the Red Cross being used. A course of ten lectures followed, and later examinations were held, enabling the students to acquire first-aid certificates.

Manufacturers were encouraged to install first-aid equipment, which in some cases became elaborate enough to attract favorable comment. The standard outfit provided consists of one stretcher, two pairs of crutches, instrument sterilizer, solution basin, operating chair, drug cabinet, splints, splinter forceps, dressing and artery forceps, skin clamps, glass ars for cotton and gauze, bandages, gauze, absorbent cotton and adhesive plaster.

The drugs consist of all the common antiseptics, oils, powders, acids and ointments used in the care and treatment of injuries.

### I. H. C. First Aid Work.

The International Harvester Company, of Chicago, is constructing a first-aid building at the McCormick Works in Chicago. It is 87 feet by 51 feet in dimensions and of fireproof construction. Concrete foundation, brick and cut-stone walls, concrete and Spanish tile roof, reinforced concrete floor and fireproof partitions of hollow tile are structural features which are worth noting. The exterior will be faced with a high-grade brick and Bedford cut stone. A similar building will be erected at the Deering works. An interesting feature of these emergency provisions is that the members of the McCormick family are giving the building at the McCormick works, while the Deering family will provide that at the Deering works, serving as memorials to the men who established the industries.

St. Edward's Infirmary, Ft. Smith, Ark., has announced that an annex is to be built.

Plans for the Marion County Tuberculosis Hospital at Indianapolis, Ind., have been approved, and work will be begun April 15. W. E. Russ is the architect.

The Riverside Hospital, Newport News, Va., is now in operation, its new building, erected by public subscription, having been completed. Its capacity is 50.

The Tennessee tuberculosis commission is preparing to build a State hospital to cost \$50,000. The offices of the commission are in Nashville.

The Little Rock, Ark., City Hospital is preparing to install sterilizing equipment at a cost of \$1200.

## Our latest creation in Toilet Papers

Made from white, Japanese crepe tissue paper.  
Very soft and agreeable to the touch.  
Pliable, yet tough.  
Highly absorbent.

Attractively wrapped for the fastidious, in an original, artistic Japanese way.

## Toy-la Tishu P A P E R

is scientifically made from fresh, clean, new fiber pulp—not from old rags or junk.  
Absolutely Sanitary, Pure and Clean.  
Recommended for Hospital use.

Price \$6.50 per case of 100 Rolls, delivered  
Special price in quantities.

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Ask us about Sanitary Paper Cups, Paper Towels, Paper Bottles and Containers. These goods are all cheap enough to be thrown away when once used.

## Hospital Efficiency

—how to plan, construct, equip, maintain and manage a hospital in all its departments with the greatest economy compatible with the highest efficiency—that is the keynote of

## Hornsby and Schmidt's The Modern Hospital

This handsome work was at once adopted by the United States Government as *The Standard* on hospital construction and management. It gives you a section of 100 pages on *Equipment*, telling you what you need in the operating room, the wards, the private rooms, the dining room, the kitchen—every division of hospital housekeeping. Some 400 pages are devoted to *Administration and Management*, giving you the duties of the directors, the superintendents, the various staffs, and their relations to each other; the management, the curriculum, rules, regulations, etc., of nurses' training schools; definite diets for the patients and the hospital household; hundreds of valuable points on the *business management* of hospitals—large and small.

Large octavo of 644 pages, with 207 illustrations. By JOHN A. HORNSBY, M. D., Secretary, Hospital Section, American Medical Association; and RICHARD E. SCHMIDT, Architect. Cloth, \$7 net; Half Morocco, \$8.50 net.

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## The Quality Mark in Flooring



This company controls the manufacture and use of its flooring from the time the oak tree is felled until the material is laid down in your building. It not only uses efficiency in the manufacture of the material, but by proper warehousing and distributing methods the condition of the product is protected, and satisfaction to the user assured. If you would have floors to be proud of, tell your architect to specify "Wood Mosaic."

**The WOOD MOSAIC COMPANY**

New Albany, Ind.

Rochester, N. Y.



**Caught  
51 Rats  
One  
Week**

Trap resets itself. 22 inches high. Will last for years. Can't get out of order. Weighs 7 pounds. 12 rats caught one day. Cheese is used, doing away with poisons. This trap does its work, never fails and is always ready for the next rat. When rats and mice pass device they die. Rats are disease carriers, also cause fires. These Catchers should be in every Hospital. Rat catcher sent prepaid on receipt of \$3. Mouse catcher 10 inches high \$1. Money back if not satisfied.

H. D. SWARTS, Inventor and Manufacturer, Universal Rat and Mouse Traps  
Box 366, SCRANTON, PA.

**Henry Vogt Machine Co.**  
Manufacturers of  
**Water Tube and  
Fire Tube Boilers**  
Ice and Refrigerating  
Machines  
**TANKS • STACKS • CASTINGS**  
**DROP FORGINGS**  
Louisville, Ky. Write  
for  
Catalogue

## Collecting Unpaid Bills.

According to recent reports, a small hospital in Illinois has lost \$20,000 during the last five years on uncollected bills. Another hospital has evidently been suffering in this way, as indicated by the fact that it has announced that hereafter doctors who bring patients to the institution must present satisfactory evidence of their ability to pay; otherwise the patient will be received as a public charge, and provided for accordingly.

Hospitals are not unwilling to do charity work, but it is irritating to note that a good many people who demand the best of service are not scrupulous regarding payment. A good plan to follow where patients leave the hospital without paying is to secure a promissory note covering the amount. This can hardly be refused. When the time comes for its payment—maturity in 30 or 60 days should be indicated—the note should be put into the bank for collection. Official notice of the demand for payment will usually have a better effect than merely sending out a bill in the usual way, and if the debtor is a man, his fear of the effect on his credit of not meeting this obligation will usually result in his endeavoring to take up the note.

## Positions Wanted.

"Position Wanted" and "Help Wanted" ads printed for subscribers without charge. To others the rate is 10 cents a line, six words to the line; minimum charge, 50 cents.

Wanted—Position as superintendent of 250-bed hospital or assistant superintendent larger institution. Am now employed as superintendent and chaplain. Am graduate pharmacist and handle prescription work, besides lecturing to nurses on practical pharmacy. Can give best of reference. Address A1, care Hospital Management, Louisville, Ky.

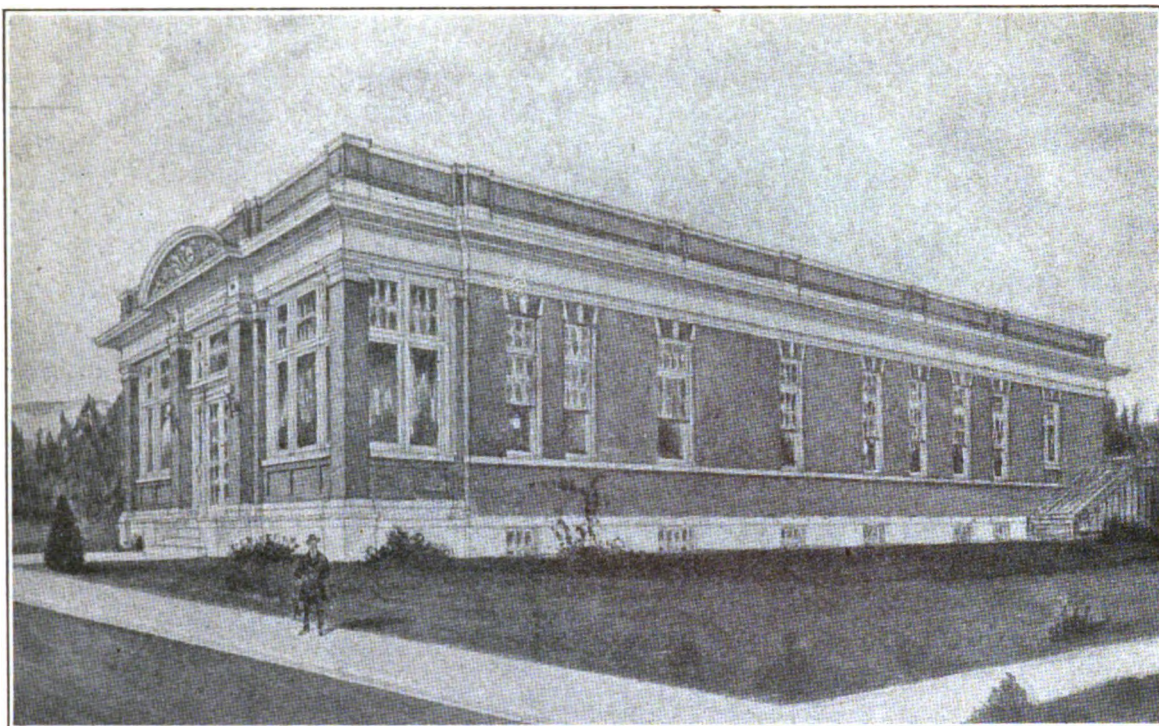
Wanted—By a graduate registered nurse position as superintendent of a hospital. Nine years' experience. Thoroughly competent. Excellent credentials. Address A2, care Hospital Management, Louisville, Ky.

Wanted—Position as superintendent of 100-bed general hospital. Am now employed as superintendent, and have long record of efficient management of hospitals. Have excellent reason for changing, which will be explained to those interested. Address A3, care Hospital Management, Louisville, Ky.

## For Greenhouse Material

If you are in the market for Greenhouse Material of any kind, let us figure with you. We are large manufacturers of Red Louisiana Swamp Cypress, which is the ideal material for this purpose, and the chances are we can save you some money. Hot Bed Sash, Wood Tubs, Silos and Tanks for every purpose are included in our line of products. We also make Porch and Garden furniture in very attractive designs at prices the reasonableness of which will astonish you.

**Alfred Struck Company**  
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Garden and Chestnut Streets  
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Emergency Hospital, Bethlehem Steel Corporation, South Bethlehem, Pa.  
Vitrolite Used for Wainscoting and Toilet Partitions.

## Bethlehem Steel Corporation Selects Vitrolite

A Notable Vitrolite Installation in the Industrial Field  
is the New Hospital and Welfare Building of the Bethlehem Steel Corporation

Vitrolite was selected because of its unequalled sanitary qualities—pleasing appearance, permanence and economy of effort required to keep it sterile. Vitrolite would add a note of distinctiveness to your plant and justify a sense of pride in showing visitors what consideration was being given to the welfare of employees.

Vitrolite is made in large slabs of varying thickness and anchored to walls with a plastic cement. It has a remarkably beautiful, deep, mellow, white color—is harder than marble—unstainable—acid proof—moisture proof, with a natural fire polished surface equal to that on Dresden china and as enduring as granite.

Vitrolite Installed in Thirty-Two Modern Hospitals  
and used in Lunchrooms by the National Cash Register Company, Swift & Company, Butler Brothers, Hudson Motor Company, Jeffrey Motor Company, U. S. Playing Card Company and others.

WE WILL SUPPLY SAMPLES TO THOSE INTERESTED

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# The Built-in Bath is the Vogue

This is an era of great achievement in the development of home furnishings and equipment.

In keeping with the progress exemplified by the adoption of better lighting ideas, improved heating systems, vacuum cleaners, electrical conveniences and numerous other household utilities, bath tubs have progressed from just "bath tubs" to BUILT-IN BATHS. Has your bath room kept step with Progress? If not, see

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| Washington.....   | Southern Building | Nashville.....            | 315 S. Tenth       |
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GENERAL OFFICES

PITTSBURGH

# HOSPITAL MANAGEMENT

June, 1916

## In This Issue:

Hospital Rules, Fixing Rates for Industrial  
Work, Issued in Ohio.

West Virginia Association Holds Successful  
Meeting at Wheeling.

Excessive Expense in Construction Criticised  
by Dr. Bonifield.

Compensation and Training Schools Big Topics  
at Cincinnati Meeting.

Rotary Versus Continuous Service System of  
Medical Staff Work Debated.

Catholic Hospital Association Has Big Gath-  
ering in Milwaukee.

See Publisher's Announcement on Page 1

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# Hospital Supplies of All Kinds

Our position as the largest manufacturers and wholesale dealers in Hospital Supplies enables us to offer you such prices and service as are nowhere else obtainable.

It matters not whether you order one small item or a full equipment, you will receive prompt shipment at the lowest prices.

Requests for information about hospital supplies of any description, manufactured here or abroad, will receive courteous attention.

*Quotations furnished cheerfully.*

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Made from white, Japanese crepe tissue paper.  
Very soft and agreeable to the touch.  
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HOSPITAL MANAGEMENT was established with the idea of rendering service to the hospitals.

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You tell the other fellow, and he'll gladly tell you. If you have anything good in the way of new ideas pertaining to hospital management, send them in. That will make a more interesting paper, a more helpful paper—a better paper for all of us.

Incidentally, everything that gets in has a real bearing on a practical phase of the work—which is the best reason why you should subscribe.

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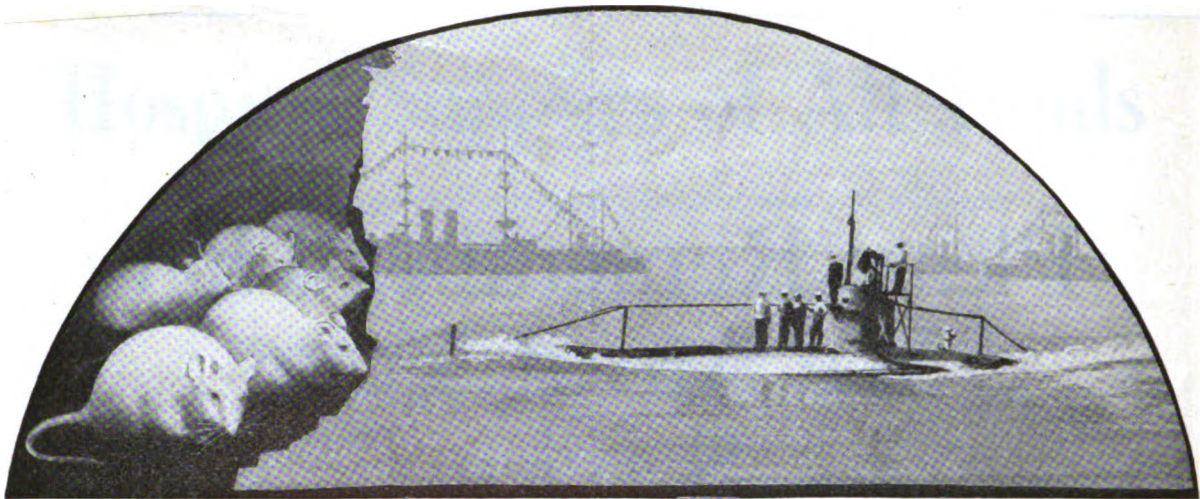
I enclose \$2.00 for which please enter my subscription to Hospital Management for one year.

[NOTE: If you prefer, we shall be glad to bill you in the usual way.]

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## Six White Mice and the U-Boat

**E**VERY German U-boat—in fact, every submarine in service today, carries aboard six white mice, *for the protection of the crew.* When, as often happens, gas rises from the batteries, these sensitive little animals set up a mighty squealing; men cannot detect the odor before the gas has become dangerous; the mice thus warn the crew of danger. Cats see at night when humans are blind to darkness; birds emit sounds too delicate for the ear of man.

Just so, there may be tests for life that have not yet been discovered; a doctor pronounces a man dead because life does not answer to any test he is able to apply.

No person "drowned" or "killed" by electric shock, smoke or gas poisoning—collapse under anesthesia, strangulation, or asphyxiation, can be definitely pronounced dead until the Lungmotor has failed to revive life.

For the Lungmotor goes back of all known tests for "life," and assuming that there is life, starts normal respiration, and maintains regular breathing until nature recommences the functions so abruptly interrupted.

But not until the Lungmotor fails in these cases has every effort to restore



life been made; the Lungmotor has time and time again saved people whom reliable doctors would have been forced to pronounce dead before they understood the working of this life saver.

The most exhaustive tests under the auspices of many prominent physicians have merely verified their experience with the Lungmotor in everyday practice; they now know that the Lungmotor is the one correctly built mechanical respirator available to the profession.

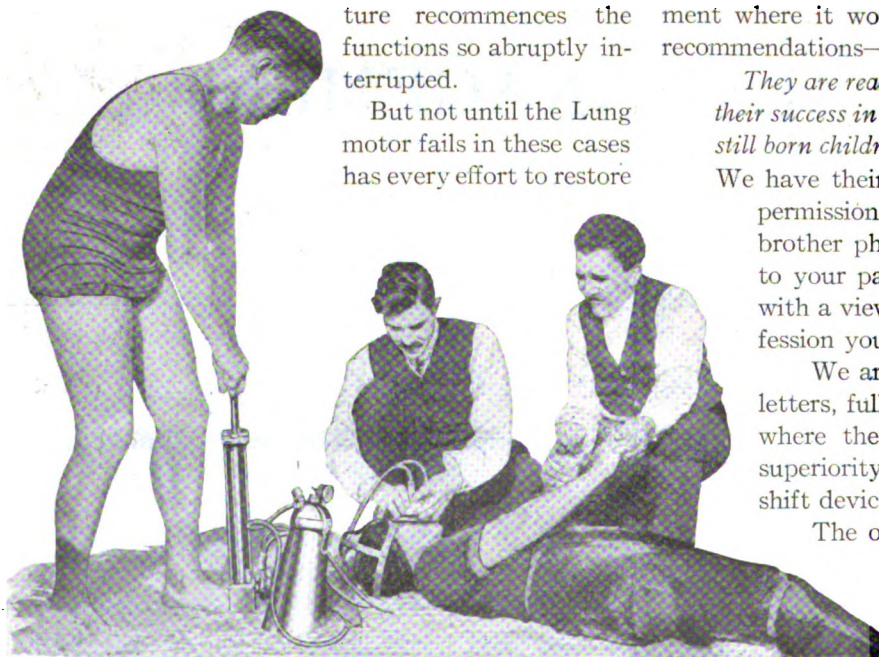
These men are ready to give their private endorsement where it would be unethical to advertise their recommendations—

*They are ready to express themselves to you on their success in cases of collapse under anesthesia, still born children, and strangulation.*

We have their letters by the hundreds and their permission to send them to any reputable brother physician; you owe it to yourself and to your patients to consider these experiences with a view to the further interests of the profession you support.

We are ready to send you copies of these letters, full technical data and reports of tests where the Lungmotor has demonstrated its superiority over other inefficient and makeshift devices.

The one stipulation we make, in sending you these letters, is an obligation on our part to their authorship: you must ask for them on your professional letterhead.



Will you do it today, now; before the next patient comes in?

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# HOSPITAL MANAGEMENT

Published in the Interest of Executives in Every Department of Hospital Work

## Hospital Rules Are Issued

Dr. White Fixes Rates for Service in Ohio  
Industrial Cases—\$5.00 for Operating-Room

**D**R. WILLIAM H. WHITE, chief medical examiner of the Industrial Commission of Ohio, which is administering the workmen's compensation law, has issued, effective June 1, a set of hospital rules which are of general interest.

Rates are \$2.15 per day for private rooms, or \$15 a week. The ward rate is \$1 to \$1.50 per day or \$7 to \$10.50 per week. No fees are allowed for intern service. A fee is allowed the hospital for dressings in cases not confined to the hospital, but which come into it for medical aid. Hospital fees are not payable until the physician's report and supplemental application of the employee are filed. Hospital fees are not allowed in cases where the claim is disallowed by the commission. The operating-room fee is \$5 for major operations and \$3 for minor operations. A \$5 anesthesia fee is allowed only when administered by a regular physician not employed as an intern. Nursing service by graduates is permitted when ordered by the physician, the maximum daily charge being \$4.

Dr. White makes the following suggestions to hospitals to facilitate the handling of claims:

1. Get the patient's name and address.
2. Get the working check number and foreman's number.
3. Get the employer's name and address.
4. Get the attending physician's name and address.
5. Ascertain whether patient has signed First Notice of Injury, and the same has been sent to the Industrial Commission.
6. If the patient has not signed the First Notice of Injury, notify the employer at once to have the patient sign them.
7. Should the patient die, notify the employer and also the Industrial Commission office at Columbus by telephone or telegram at our expense.
8. In cases of long hospital duration, suggest to the attending physician that he communicate with us in regard to the condition of the patient should he not be requested to do so from our Columbus office, so that we may have information at all times concerning the claimants.

## Cleveland Council's Plans

Eighteen Hospitals Join in Co-operative  
Work with Howell Wright as Secretary

**T**HE Cleveland Hospital Council, which was organized several months ago, seems to be doing unusually aggressive and constructive work. Eighteen hospitals are members of the council, which has the following officers:

A. D. Baldwin, president Babies' Dispensary, president; Dr. A. R. Warner, superintendent Lakeside Hospital, vice-president; John Anisfield, Mt. Sinai Hospital, treasurer, and Howell Wright, executive secretary. These, with Dr. J. E. Cogan, of St. Alexis Hospital, form the executive committee. Offices have been established in the Anisfield Building.

Members of the council, in addition to those indicated, are the Cleveland City Hospital, Cleveland Tuberculosis Hospital, German Hospital, Huron Road Hospital, Lutheran Hospital, Maternity Hospital, Rainbow Hospital, St. Ann's Maternity Hospital, St. Clair Hospital, St. John's Hospital, Saint Luke's Hospital, St. Vincent's Charity Hospital and Woman's Hospital.

Some interesting publicity matter on the subject of the work of the hospitals has been prepared by Secretary Wright. It is shown that they maintain 2,197 beds, shortly to be increased to 2,857 beds, that their land, buildings and equipment are worth \$5,169,000 and that they spend for operating expenses \$1,169,000 a year, of which only \$589,165 is received from patients.

The hospitals are planning co-operative work in the direction of uniform accounting, medical and nursing education, work with the health department and city authorities generally, etc. The Council is to act as a clearing-house for handling many matters of common interest and for the development of improved methods in regard to management.

## To Install Dental Equipment.

Emphasizing the growing amount of attention which is being paid to dental work in industrial plants, the Cincinnati, O., Milling Machine Company has recently arranged for the installation of a White dental chair. Dr. Otto F. Geier, who is in charge of the medical and health work of the company, believes that activity along this line will be well worth while.

# Successful West Virginia Hospital Meeting

Live Discussions of Operating Methods and Construction Ideas  
at Wheeling Gathering—Entertainment at Ohio Valley General

*By a Staff Correspondent.*

**T**HE first convention of the new West Virginia Hospital Association, which was only born a few months ago, was held on May 18 at Wheeling, in conjunction with the annual convention of the West Virginia State Medical Association. The Hotel McLure was headquarters for both bodies, and the sessions were held in halls which were almost adjoining. Considering the fact that the gathering was the first since the organization of the Association, the meeting was entirely successful. The next meeting will be held at Huntington the first week in October.

Representatives of probably half of all the hospitals in the State were present, and the program was practical and valuable. The unfortunately necessary absence of Dr. G. C. Schofield, the president, on account of illness in his family, deprived the Association of his address and of the value of his energetic direction, but Vice-President B. B. Wheeler presided ably, assisted by Dr. E. H. Thompson and Dr. W. H. St. Clair, secretary-treasurer.

After an invocation by Rev. Jacob Brittingham, of Wheeling, and a welcome by a city official, the association got down to business with commendable promptitude. An address, entitled "What the State Association Can Accomplish," by Mr. Howell Wright, secretary of the Cleveland, O., Hospital Council, had the first place on the program.

Mr. Wright pointed out a number of things which should be done by the up-to-date hospital, which can be helped along by a live organization as in no other way, and emphasized among these principally the business, financial and management features, which are likely to be more or less neglected, even in institutions which are otherwise all that could be desired. For instance, he placed first as a proper objective of an association the education of hospitals in the use of thorough and informative accounting methods, in order to enable them to know what their work is costing, how many patients of each class—pay, part pay and free—there are at any given time, and how much attention each patient in each class is receiving.

The desirability of pursuing the most advanced and efficient methods of training students, internes and nurses, the proper regulation of the number and character of the visiting staff, the question of finances, especially in the private hospital, and other matters of practical importance were touched upon by Mr. Wright.

Dr. Charles A. Wingerter, of the North Wheeling Hospital, Wheeling, followed with a vigorous talk which, by something of a coincidence, illuminated and supplemented that of the preceding speaker very interestingly. His subject was "The Essential Purpose of a Hospital," and he took, very emphatically, the broad ground that this is the effective treatment of the sick. He urged that

all of the efforts of the hospital should be directed primarily at the accomplishment of this essential object, regardless of the character of the patient, of the possibilities of revenue, and of all other considerations.

He pointed out, giving some illuminating instances, that there is constant grave danger of both doctors and nurses losing sight of the main purpose of their work, and of regarding those under their care in hospitals as cases rather than as human beings; and he declared that, while the education of young physicians, the training of nurses and the advancement of science are all worthy and important incidents of hospital work, none of them should be permitted in the slightest degree to interfere with the single aim of doing everything possible for every patient.

"There is more honor for a hospital in caring for the sick, if it must, at a loss, and closing its doors when it can no longer operate, than in reducing the quality of its service in order to reduce expenses," declared Dr. Wingerter. "And the example of such a hospital will do more to arouse public interest and realization of the necessity for supporting properly such institutions than any number of appeals for contributions."

Dr. Wingerter pointed out that he did not intend to minimize in any way the need for better business methods on the part of hospitals, emphasized by the speaker who preceded him, and said that Mr. Wright undoubtedly agreed that these things must come second to the primary object of giving proper care to the sick. To this Mr. Wright took occasion to give his assent, in the discussion which followed the two addresses, paying a high compliment to Dr. Wingerter.

The members, as well as a number of other physicians, were the guests of the Ohio Valley General Hospital at a luncheon following the morning session, an appetizing meal being served in the dining-room of this fine Wheeling institution, of which Mr. P. O. Clark is superintendent, with singing by a well-trained chorus from the nurses' glee club as a unique entertainment feature. Immediately after the luncheon a demonstration of the effectiveness of the teaching methods used in the hospital's school for nurses was given, under the supervision of Miss Harriet M. Phalen, assistant principal of the school, whose talk on this subject appears elsewhere in this issue.

Six student-nurses showed admirably what they had been taught under Miss Phalen, the group performing the following duties: Bed bath (using the Chase doll), changing linen on bed (with a living patient), hot pack, administration of medicines, making flaxseed poultice and preparing a hypodermic.

The Association reconvened at 3 o'clock, the interval giving the members time to inspect the Ohio Valley Gen-

eral Hospital, and to listen to some interesting addresses on the program of the medical association. Dr. C. L. Bonifield, of Cincinnati, was the last speaker to address the convention, his subject being "The Hospital of the Future." This address appears on another page.

An address by Mr. N. C. Hubbard, of Wheeling, on the subject of "County and State Aid for Hospitals," and one by Dr. J. M. Sites, president of the West Virginia Board of Examiners for Nurses, on "Our Schools for Nurses, Past and Present," were not given, on account of the absence of those gentlemen.

There was comparatively little business of a routine nature to be transacted, much of this, including the election of officers, being reserved for the annual meeting in October, at a time which will be decided upon later by the executive committee. Several new members were taken in, bringing the membership up to about thirty, which is considered very good, in view of the fact that the Association has just been organized. A proposed amendment to the constitution and by-laws which will affect the membership very materially eliminates associate members and makes members of the staff and others now eligible only for associate (non-voting) membership eligible for full membership, which is now confined to trustees and executives. This will be voted on at the October meeting, which will be held at Huntington, the invitation of that city being accepted on motion of Mr. P. O. Clark.

The secretary was instructed to extend to the nurses' associations of the State an invitation to be present at the next meeting, as well as at all others, and to co-operate with the Association in its work on behalf of the hospitals of West Virginia. This indicates the earnestness with which the members view the field before the organization, and, taken with the high grade of the program carried out at the meeting, and the interest shown, it speaks well for the future of the association.

The members of the West Virginia Hospital Association are as follows:

#### HONORARY.

Dr. H. D. Hatfield, Charleston, W. Va.

#### ACTIVE.

Dr. G. C. Schoolfield, Charleston General Hospital, Charleston (president).

Dr. B. B. Wheeler, McKendree Hospital, McKendree (first vice-president).

Dr. W. H. St. Clair, Bluefield Sanitarium, Bluefield (secretary-treasurer).

Dr. R. E. Vickers, Huntington.

Dr. G. A. McQueen, Kanawha Valley Hospital, Charleston.

Dr. A. K. Kessler, Kessler Hospital, Huntington.

Mr. P. O. Clark, supt. Ohio Valley General Hospital, Wheeling.

Dr. E. H. Thompson, St. Luke's Hospital, Bluefield.

Dr. W. H. Wallingford, Princeton General Hospital, Princeton.

Dr. James R. Bloss, C. & O. General Hospital, Huntington.

Dr. J. R. Hunter, Huntington.

Dr. J. E. Kannedy, Charleston General Hospital, Charleston.

Dr. H. H. Young, Charleston General Hospital, Charleston.

Dr. John W. Moore, Charleston General Hospital, Charleston.

Mr. W. R. Frantz, supt. Cook Hospital, Fairmont.

Dr. B. H. Swint, St. Francis, Charleston.

Dr. W. A. McMillan, McMillan Hospital, Charleston.

Dr. J. E. Coleman, Beckley Hospital, Beckley.

Dr. S. L. Jepson, State Commission of Health, Charleston.

Dr. O. O. Cooper, Hinton Hospital, Hinton.

Dr. G. C. Rogers, Elkins.

Dr. Charles F. Hicks, Welch.  
Dr. Charles M. Scott, Bluefield.  
Dr. A. P. Butt, Davis.  
Dr. J. Franke Fox, Bluefield.  
Dr. T. K. Oates, City Hospital, Martinsburg.  
Dr. H. E. Sloan, St. Mary's Hospital, Clarksburg.  
Dr. J. A. Guthrie, Guthrie Hospital, Huntington.  
Miss E. W. Bauer, supt. C. & O. Hospital, Huntington.  
Mrs. Mabel Hills, Parkersburg.

## Endorses Hospitals' Work

"Youngstown Idea" Involves Agreement with Chamber of Commerce as to Methods

**T**HE Youngstown City Hospital and St. Elizabeth's Hospital of Youngstown, O., have been given official endorsement by the Committee on Benevolent Institutions of the Youngstown Chamber of Commerce, under a new plan which is attracting widespread attention. Under this plan the Chamber of Commerce issues cards to the approved institutions, indicating that endorsement has been given for use in soliciting funds, and in return for this the institution agrees to provisions regarding methods and management stated by the Chamber of Commerce in a formal agreement signed by the institution. One of the provisions of the agreement is that the institution have its accounts audited annually by accountants approved by the committee, and file a copy with it, and also raise money according to methods approved by the committee, which is opposed to raising money where the "promoter" gets a disproportionate amount of the receipts.

## Sterilization of Catgut.

An experienced hospital executive sends in the following formula for the sterilization of catgut, which he says has been used successfully by him for several years:

Iodine catgut; 10 per cent iodine in ether.

Fifty grams or 750 grains of solid crystals of iodine to one pint ether makes a 10% solution.

Wind catgut in small coils (about 2 in. in diameter) and put into solution for required number of hours, as indicated below:

|                         |          |
|-------------------------|----------|
| No. 00 or 0 in solution | 12 hours |
| No. 1 " "               | 24 hours |
| No. 2 " "               | 36 hours |
| No. 3 " "               | 48 hours |
| No. 4 " "               | 60 hours |
| No. 5 " "               | 72 hours |

Have as many sterile (air-tight) jars as numbers of catgut, sterile gauze in bottom of jar, and sterile gauze for covering.

Remove catgut from iodine solution and place in sterile jars with sterile forceps.

Do not make more than you need for two weeks.

Always keep catgut covered with the solution.

# Excessive Expense in Construction Criticised

Dr. Bonifield Raps Those Who Design Hospitals for Show, and Says Industrial Institutions Are Leading in Getting Good Facilities at a Minimum Cost

By Dr. C. L. Bonifield, Visiting Physician, Good Samaritan and Christ Hospitals, Cincinnati, O.

[EDITOR'S NOTE:—The following is a portion of an address on "The Hospital of the Future," delivered by Dr. Bonifield at the West Virginia Hospital Association meeting in Wheeling, May 18.]

I LAY no claim to being a prophet, but I am a firm believer in evolution and therefore think that by observation of past experience and present tendencies in construction and management of hospitals, one may form a fairly accurate opinion as to what the hospital of the near future will be.

In the construction of the hospital of the future, more care will be taken to obtain the desired results at as small an initial cost as possible, and to plan it so that it can be operated at the least possible expense. A city, a church or a corporation will not be proud of the hospital of the future because it covers more ground than some other hospital of its class, nor will hospitals vie with one another as to how much marble and other purely ornamental material are to be used in building it. Hospitals will become more and more numerous as years go on, and the question of efficiency is bound to become more and more prominent.

Some railroads, and some of the large manufacturing concerns are already building hospitals for their own employees. These corporations, managed by the keenest business men of the country, will not squander money in useless ornamentation, and when they have demonstrated to the world that just as good results can be obtained in their plain and unostentatious buildings as in the most elaborate and finely furnished and finished institutions in existence, politicians will be compelled to more or less follow their example.

A municipality will be unwilling to pay say \$5,000 per bed for an institution, in which to treat the absolute failures in life, who are accustomed in health to nothing but hovels, when they find The Smith Company and The Jones Company are having their self-respecting and valuable workmen treated just as well in institutions that cost from \$2,000 to \$2,500 per bed. It goes without saying that the same corporation that will employ an expert to show it how to reduce the cost of manufacture by having the factory properly planned, so that the smallest number of laborers possible will be able to produce the required output, will insist that its hospital be planned so that it can be conducted in the most economical manner.

Experience has taught that with modern methods of ventilation and with fireproof construction, there is no reason why a hospital should not be five, six or even more stories high, if need be, and the necessity of the detached pavilion no longer exists.

The administrative department is the heart of the hospital, and should be so situated that it is in easy communication with all other parts. The best plan is to

have this the front of the hospital, from which two or more wings project. In this administration building should be the office of the superintendent, the office of all of the clerical force, the office of the head nurse, the quarters for the house physicians, a cloak-room for the staff, a library, a waiting-room for visitors, etc. In this building also should be all of the elevators.

I am familiar with a hospital which recently constructed an addition for some fifty patients at a cost of some \$200,000. They put in an automatic electric elevator that is so situated that they have already found it necessary to forbid its use after bedtime, on account of the noise. The house physicians' quarters are in part of one of the wings for patients, and as a consequence they are not permitted to sing, or even laugh heartily, lest they disturb the sick. Both of these things I regard as serious defects. An elevator is certainly built to be used, and I wouldn't give much for a young house physician who, when his day's work was done, would not occasionally lay aside his burden of care and responsibility and enjoy himself as other healthy individuals of his age are accustomed to do.

The number of wards and the number of private rooms will be decided by the needs of the particular hospital. Personally, I have always favored a larger number of small wards in preference to a few large ones. There is not so much noise, patients of a particular kind can be more easily segregated, and if an infectious disease breaks out in a ward, there are fewer people exposed to the infection. Furthermore, in many hospitals where, on account of a part of the staff being out-of-town, or for other reasons, the hospital is not running full capacity, under such conditions it is easy to close one or more of the small wards and in this way curtail expenses.

In church or other hospitals that are part charity and part pay, there is always a demand for the cheapest obtainable small rooms, or for a bed in the room that can accommodate two or three people. The hospital of the future will be well provided with these accommodations, because it permits of some people going to the hospital who would otherwise be deterred either by the expense or the necessity of going into a public ward.

If possible the hospital should be so constructed that every room for a patient will some time during the day get some sunshine. Sunshine is not only a health-giving agent, but it does much to cheer the patient. The halls and floors should be as near sound-proof as possible, and the doors should be wide enough for a bed to pass through easily. All corners should be rounded, and the furnishings should be selected with care, so as not to collect dust.

Marble has been used much in operating-rooms and such places, evidently under the impression it can be easily cleaned, but one has only to spill some ichthyol on it to see how erroneous this belief is. Glazed tile is the best material known to prevent absorption. However, it is very expensive.

Some years ago hotels were being built with the kitchen on the top floor, but this custom has largely been abandoned on account of the elevator expense, and improvements in ventilation make it unnecessary. The hospital of the future, therefore, will have its kitchen in the basement, preferably at the rear of the administration building, so that it can serve the various wings easily.

The operating-rooms should be on the top floor, preferably with a northern or a northwestern light. A good skylight should also be provided for all except those used for eye, nose and ear operations. Convenient to the operating-rooms must be the sterilizing-rooms, anesthetic rooms, store-rooms and at least a small laboratory, where a hurried examination of a specimen can be made if necessary. On the same floor should be a lounging room for doctors, where they are allowed to smoke, a good-sized dressing-room, with sufficient number of lockers, and, connected with it, shower-baths.

On this floor also should be a small consultation-room, in which the surgeon can confer with a patient or members of a patient's family. In the hospital of the future these quarters for the comfort and accommodation of the surgeon will be ample in size and well-furnished. By his work the surgeon does much to maintain the hospital, and his comfort should be considered. I am tired of dressing in some little cubby-hole that is not good enough to be used for any other purpose, and I feel sure many other surgeons have the same feeling, and in the future will demand proper accommodations.

I believe that the diagnostician and the surgeon in the hospital of the future will frequently avail themselves of the opportunity to observe the patient at complete rest and of the opportunity of having all examinations made under the most favorable conditions. The hospital of the future will have its X-ray department where the man in charge will work for a salary. It will have its laboratory, with a competent pathologist and bacteriologist, who also will be a salaried man. The hospital will charge for the services of these men, but they will be able to charge for them at a wholesale rate, and therefore it will be less expensive than it is now to secure their services.

It may be asked why I prophesy that these positions will be filled by salaried men, while surgery and the real medical treatment is done by private contract. I am well aware that in one hospital in St. Louis already the chief surgeon receives an annual salary, and his fees are collected and kept by the hospital. I understand there is a large maternity hospital in Pittsburg where the chief obstetrician receives a salary and the hospital charges whatever it thinks his services are worth, but I do not believe it will ever become a general custom.

## Who's Who in Hospitals

Personal Notes of Men and Women Who  
Are Making the Wheels Go 'Round

**M**ISS CHARLOTTE CHRISTIAN, superintendent of Passavant Memorial Hospital, Chicago, is convalescing after an operation for appendicitis. She is expected to be ready for duty again about July 1.

Mr. Louis Curtis, superintendent of St. Luke's Hospital, Chicago, left for his summer home at Trout Lake, Wis., June 15, where he will spend most of his time during the warm weather.

Miss Kathrine E. Landis, who has been with the Hampden, Mass., Hospital, has been chosen superintendent of the Harrisburg, Pa., Polyclinic Hospital, with Miss Myra Granam, formerly of the Episcopal Hospital, Philadelphia, as assistant superintendent.

Miss Flora Keen, assistant superintendent of nurses at the Louisville City Hospital, has resigned to become supervisor of training schools for the Kentucky State Board. The position has been filled by the appointment of Miss Mary Foreman, who has been in charge of the operating-rooms.

Miss Edith E. Yingst is superintendent of the new Carlisle, Pa., Hospital, with which the Todd Hospital has been merged.

Mr. Frank E. Miller, formerly director of physical training at the Battle Creek Sanitarium, has been appointed director of physical training and hygiene at the new Armour Gymnasium in Chicago, which has been established for general office employes of Armour & Co.

Dr. Samuel Murdock, Sabetha, is president, and Dr. W. R. Dillingham, Halstead, secretary-treasurer of the Kansas Hospital Association, which held its annual meeting at Topeka recently.

The twenty-fifth anniversary of Dr. Leonard C. Mead as superintendent of the State Hospital for the Insane at Yankton, S. D., was marked by a banquet at which a number of complimentary things were said about Dr. Mead, to whom a handsome loving-cup was presented.

Miss Sue Haworth, a graduate of the Jefferson Park Hospital, Chicago, is now head nurse at the Iroquois Memorial Emergency Hospital on North Market Street in Chicago. The appointment was made under civil service.

Dr. George E. Charlton has been appointed superintendent of the Norfolk State Hospital in Nebraska, succeeding Dr. William D. Guttery. Dr. Charlton has had extensive hospital experience at the Ingleside State Hospital, where he was second assistant physician.

Dr. H. T. Summersgill, superintendent of the new hospital of the University of California, has been making a trip through the East in search of new ideas for use in the equipment and operation of his institution, which will cost \$500,000.

Miss A. B. Montana has been appointed superintendent of the new Miners' Hospital at Frostburg, Pa.

# Suggests Cooperation in Teaching Nurses

Miss Phalen Discusses Demonstration Method and Points Out Desirability of Grouping Small Hospitals for Instruction Work

*By Harriet M. Phalen, R. N., Principal of the School for Nurses, Ohio Valley General Hospital, Wheeling, W. Va.*

[EDITOR'S NOTE:—The following address was a feature of the meeting of the West Virginia Hospital Association at Wheeling on May 18.]

**T**HE preliminary course in practical nursing in which the demonstration method is used is by far the most satisfactory for the probationer, school, and patient, because the student is perfectly familiar with all treatments and the general routine work before she takes the responsibility of caring for the sick. The subjects and conditions are brought more forcibly to the minds of the students than they would be from a text-book, because they can actually see what is being done and are therefore able to grasp this knowledge with greater ease. An interest in the work is excited early if there is to be much interest shown. The student does not have to give treatments to or care for patients in any way until she is perfectly familiar with the methods.

The class is brought to a class-room to take notes and observe the methods of practical nursing. The "Chase Hospital Doll" is used as a subject instead of a fellow class-mate or a patient. The demonstration is given first by the instructor, with each detail carefully described and explained as she goes along. The best method, as well as the one which is comfortable to the patient and can be accomplished in the shortest time, is adopted. The pupils are given a sufficient length of time to go over their notes carefully and to plan each step as they go along; then each student demonstrates before the class and instructor the work previously done by the teacher. The student is never allowed to give any treatment or do any general routine work until after she has demonstrated that particular procedure for the instructor. Even after this she is watched very carefully by the head nurse.

The method of taking a new probationer and placing her on a ward to be instructed in the art of nursing by a pupil nurse has been most unsatisfactory for several reasons. It is not fair to the pupil nurse who has had the responsibility of teaching the probationer thrust upon her when she has not reached the stage in her career to be burdened with such responsibility; neither is it fair to the probationer, who has given herself up to the work and wants to learn the right way to do it. She does not place full confidence in the undergraduate, who she perhaps knows has been in training only a comparatively short time. It is hardly fair to the patient, either, who feels that he or she is more or less a subject for experiment. It is very hard to find a standard method for doing the work when the nursing is taught in this way, because each pupil teaches a little bit differently.

The head nurse usually has duties enough to perform when she sees that orders are carried out promptly

and in following up the case and condition of each patient. She does not have the time to spend teaching the probationers, but she can be of great service and assistance to them while under her charge. It is most important that the head nurses know what the instructor is teaching and her standard methods. She should be ready and willing to help in every possible way to have everything done promptly and properly on her ward. Co-operation between head nurses and instructor is very necessary to carry on this particular line of teaching successfully.

The demonstration method has been adopted for the past six or seven years in many of the larger hospitals and has proven its success many, many times.

Perhaps it would be impossible for small hospitals to adopt this, but there is a method which they can adopt. Three or four small hospitals can make arrangements to employ an instructor and she will go and do the teaching at each one. In this way the financial end is easily met and the nurses get in turn the best of training.

## Warming Closets Popular.

In most of the new hospitals the writer has visited recently, it has been noticed that warming-closets are among the features which appeal most to the nurses. In these closets are placed blankets and other bedding, so that there is no delay about getting the patient into a warm and comfortable bed. The closets are easily provided for, running the steam pipes into them and providing proper insulation being all that is necessary.

Some of the hospitals also use similar closets for drying mops, etc., as it is found that these ordinarily do not dry out thoroughly.

## Did You Ever Try This?

Here's a little stunt which is guaranteed by the executive who suggested it to save money:

If you buy your soap in case-lots, have the package broken and the cakes taken out immediately on arrival. Then remove the wrappers from the cakes and stack them in pyramids, with air space between. The result is to harden the cakes, so that when they are ready to be used, they will not melt so rapidly, but will give much longer service.

This plan is especially good for yellow soaps, which usually are soft when taken from the wrapper, and is also recommended for harder cake-soaps, like Ivory.

Miss Cora I. Swartz has been appointed superintendent of the Chester, Pa., Hospital, succeeding Miss A. B. Beischlag, who resigned. Miss Swartz will take hold August 1.

# Does Broken Service Mean "Busted" Service?

Questions Raised Regarding Organization of Visiting Staff  
Develop Interesting Opinions from Hospital Superintendents

**I**N view of the declaration of one of the speakers at the banquet of the Ohio Hospital Association in Cincinnati last month in a discussion of staff work that "a broken service is a 'busted' service," the questions raised in the following letter from Mr. F. C. Hilker, superintendent of the Pottsville, Pa., Hospital, regarding the organization of his medical staff, are of special interest:

"The professional service in our institution is arranged in such a manner that each surgeon and medical man receives four months of service, two months male and two months female. In my opinion this is a very poor arrangement, as I believe in changing services three times a year our patients do not receive the proper attention and that our staff is very little benefited by the division of the work. I would recommend a continuity of service for all connected with the hospital, medical and surgical men included.

"The interns of our hospital are taking care of the dispensary service, which in my opinion should be done by members of the visiting staff."

These propositions were placed before several hospitals of standing, and some of the replies are illuminating. The superintendent of an Eastern hospital wrote as follows:

"The question of whether or not staff work should be continuous is one which it seems to me can not be answered in the same way for all hospitals.

"In the case of a small hospital in a small town, it might be to the advantage of the hospital to have continuous service, for the reason that possibly one man might be in control of most of the lucrative practice of the town.

"Given, however, a fairly large hospital in a good-sized community, it would seem to me to be to the interest of the hospital both from the educational and financial point of view to have its staff members serve in rotation. A continuous service might work out so that one surgeon gradually obtained almost the entire ward service of the hospital, resulting in a narrow educational value, in jealousy and antagonism from the other surgeons, and physicians of the community and a one-man domination of the hospital, productive of much friction and damage.

"Our dispensary staff consists of a chief, with subordinates appointed by him, in charge of the different clinics. This staff has no connection with the attending or intern staff of the hospital."

Mr. F. L. Hutchins, superintendent of the W. W. Backus Hospital, of Norwich, Conn., wrote as follows:

"In reply to the question as to whether or not staff work should be continuous, we have found it advantageous to both staff and hospital to serve limited periods on either service, as visiting staff to the hospital. In

some instances a continuous service for a few men might work out all right, but I believe that the greater advantage to both doctors and hospital is derived from the visiting staff having limited periods of three to six months. We also believe that it is well for any hospital to have a set of younger physicians and surgeons coming along, getting a little experience outside, to fit them for permanent places later on on the regular staff. We have also found this very convenient for the visiting staff, especially if one can not make his daily rounds; he calls upon his assistant to make them for him, and to report to him.

"In reply to your question regarding dispensary service, more than a year and a half ago we removed our dispensary from a building downtown, a mile or more away from the hospital, to the hospital proper, fitting over some rooms in the basement, making an outside entrance, etc. This has done away with the expense of hiring buildings, heating, trolley-car fares and the service of one intern.

"The visiting staff are too busy to attend to free dispensary work, and this work in our hospital is given over entirely to an intern, serving as house physician. He gets a period of six months' service in dispensary work. He comes in contact with many cases that he feels should have hospital care. These he refers to the hospital office and to the superintendent."

Dr. J. O. Skinner, medical superintendent of the Columbia Hospital for Women and Lying-in Asylum, Washington, D. C., is one of the staunchest advocates of the rotary system, and effective July 1, 1916, the medical service in that institution will be on that basis. It has been continuous up to this time, but Dr. Skinner declares that the continuous service system is obsolete, and in his judgment should have been abandoned many years ago. Dr. Skinner states the advantages of the rotary system as follows:

"1. It permits of a larger visiting staff without cutting down the number of free beds assigned to each service for the use of its chief and his associate in clinical teaching.

"2. It affords larger educational opportunities for both resident (hospital) staff and training school for nurses by having different instructors, themselves educated in different schools and having, presumably, different ideas and methods in their professional work.

"3. A reasonably large visiting staff, when properly selected, will necessarily bring the advantages of the hospital to the attention and consideration of a larger number of persons or their friends requiring hospital treatment than a smaller staff could do.

"4. It would the better enlist the sympathy and support of the profession at large in its indication of an

(Continued on page 25.)

# THE HOSPITAL ROUND TABLE

## On Baby Maintenance.

**M**ISS MARGARET S. SMYLIE, R. N., superintendent of Hamot Hospital, Erie, Pa., commenting on the note in this department of last month's issue with reference to "Maintenance Charge for Babies," writes as follows:

"This hospital charges a separate fee for 'care of baby,' and has done so for many years. We have a good maternity service, both private room and public ward service, and charging for care of baby increases our income very materially."

Hamot Hospital is a general hospital with 200-bed capacity, and has recently added a \$200,000 private annex.

## Serve Meals in Courses?

The dietitian of a large general hospital has recently adopted with excellent success the plan of having meals for private patients served in courses. This entails more work, of course, but inasmuch as she has found that it results in the food being more appetizing, and in the patients eating more, the end in her opinion justifies the means.

The courses are not as carefully defined as in the case of a formal dinner, of course, but the soup is served first, separately; then comes the meat, accompanied by the salad; and finally, the dessert is served.

The average dietitian or superintendent might discard this plan immediately as involving too much work, but it seems at least to be worth a trial.

## Use for Old Uniforms.

An Ohio institution has found a way of utilizing the material from discarded uniforms, which accumulate around a large institution in surprisingly rapid style. The cloth is torn into strips and turned over to the owner of a hand-loom, who weaves it into attractive rag-carpets.

It is not stated whether these carpets go into the hospital proper or into the nurses' home, but wherever they may be used, they lend a touch of "homeiness" that is decidedly attractive. Incidentally, one of the best ways to increase efficiency around a hospital is to look for ways to use up old material or that which at present is being wasted.

## Which Is the Better Plan?

A concern which is in the business of supplying nurses' doctors' and patients' gowns ventures the opinion that hospitals which are making their own garments of this kind are losing money. The explanation, which may be given first, is that the manufacturer buys his material in case-lots and makes it up in large quantities,

using power-driven machinery and experienced help, so that his cost of production is very low.

The comparison, as given by this concern, which may or may not work out in every case, shows a cost of 90 cents a piece for a nurses' gown made in the hospital, figuring  $4\frac{1}{2}$  yards of Indianhead, the material usually employed, at 20 cents a yard. This would mean an expense of \$10.80 per dozen, counting material only, and not including labor, current for power, etc.

The price of the manufacturer is \$9 per dozen, based on a cost of  $10\frac{3}{4}$  cents for the goods, bought in case-lots. The workmanship is usually better, also, in that French seams and other improvements are used, making the garment more comfortable, especially if it is for the patient.

## Anticipating Trouble.

Hospitals which have been studying the question of their legal liability to their patients and the public will be interested in noting that the following form is used by a large institution whenever patients insist on leaving the hospital before they are ready to be discharged:

"This is to certify that \_\_\_\_\_, a patient in this hospital, has been discharged against the advice of \_\_\_\_\_, the attending physician and at the request of \_\_\_\_\_. Now, therefore, having full knowledge and realizing the danger that may result by reason of the removal of said patient, I hereby promise and agree to hold the \_\_\_\_\_ Hospital free from censure and all its officers and the attending physician blameless of any injury that may result to said patient directly or indirectly by reason of said removal."

A representative of the patient, if the latter himself is unable to sign, affixes his signature to this paper, so that in case of trouble later on the hospital is protected. In these days of "damage suit lawyers," who in the slang of the street never overlook a bet, such plans are worth following.

## A Hint for the Dietitian.

An economical dietitian, noticing the large quantity of juice left over from fruits cut up for salads, has made use of this by having it frozen and served as dessert. In the same way she has utilized yolks of eggs, which would not ordinarily be disposed of, in making salad dressings, etc.

## Found in the Drug-Room.

Here are a few points for those in charge of hospital drug-rooms:

If the wood drawers of your cabinets stick, try floor-wax on the run-ways. In most cases this will make for smooth and noiseless operation of the drawers,

Tilting bins for the carboys enable the latter to be handled easily, even by a woman. The plan is to construct a frame-work, on rollers, supporting the cubical boxes in which the carboys are permanently fixed. Iron rods project from each side of the boxes, resting in oiled grooves provided in the frame-work. This establishes such a nice adjustment of the equilibrium that the lightest touch will tilt the carboy forward, enabling its contents to be poured without effort. Having the frame-work on rollers enables the bins to be moved about for refilling, etc.

In using a typewriter for writing labels, always be sure that a record ribbon is on the machine. If a copying ribbon happens to be used, the writing is likely to fade out and become illegible.

Immediately over the sink place a light wire screen, the openings being just large enough to permit a test-tube to slip through to the lip. It will not only serve as a handy receptacle for the latter, but other things which have been washed may be placed there to dry.

### Equipment of Dressing-Cart.

In some large hospitals dressing-carts have been provided, enabling patients to be given attention without having to be brought to the dressing-rooms. A feature of this cart is the provision of wire cases at the ends, holding paper bags, into which soiled dressings may be put. The equipment of one of these carts was found to be as follows:

Top shelf: dressing box with sterile dressings (cotton rolls, long gauze and short gauze); sponges, long dressing forceps, sterilizing solution, sterile solution, dusting powder, instrument pan with instruments, adhesive, glass with medicine dropper, jar of sterile plain packing, jar of sterile pins, bandage scissors.

Second shelf: Sterile dressing basin, jar of bandages, jar of tubing, assorted sizes; jar of iodoform gauze, sterile towels, sterile rubber gloves, basin for soiled instruments, paper bags.

## Need of Training Schools

Catholic Hospitals Discuss Nursing Facilities as Part of "Team Work" at Convention

THE Catholic Hospital Association held its annual convention in Milwaukee June 7, 8 and 9, and the meeting was marked by a large attendance, great enthusiasm, and discussion of practical features of hospital work centering around the big idea of "Team-Work."

Among the features emphasized during the discussions were the growing importance of the training schools among the Catholic institutions; the necessity of co-operation among all of those connected with hospital service, and the importance of emphasizing the human side in dealing with patients.

An interesting suggestion made by Dr. F. S. Wiley, of St. Agnes Hospital, Fond du Lac, Wis., that the nursing sisters discard their dark woolen uniforms in favor of bright, washable uniforms, attracted considerable at-

tention, though apparently it was not taken seriously. Dr. Wiley suggested a nation-wide campaign on this subject.

Space does not permit a full report of the meeting in this issue, but among the "high lights" of the talks were the following:

Mother M. Esperance, St. Mary's Hospital, Minneapolis: "We sisters need to bring into our service of the sick the inspiring cheerfulness of play, and for this purpose we ought to 'get in the game' every hour, in successful competition with ourselves and our previous efforts. We should welcome constructive criticism. Criticism should stimulate."

Dr. E. L. Tuchy, St. Mary's Hospital, Duluth, Minn.: "Investigation has shown me that the Catholic hospitals are conducted at a lower overhead cost than the public hospitals. At the Massachusetts General Hospital the per capita cost is \$3 per day; Cook County Hospital, Chicago, \$2 per day; St. Paul City Hospital, \$1.70; St. Louis City Hospital, \$1.11. In sisters' hospitals the cost runs from \$1.35 to \$1.40."

Dr. L. M. Warfield, assistant superintendent Milwaukee County Hospital, Milwaukee: "Too many hospitals are merely surgical shops, and too much attention is given to the surgical end. This gives but one-sided training to the intern. He should have his share out of the service he renders the hospital. It is up to the staff to see that he gets it."

Dr. L. F. Jermain, dean of Marquette University school of medicine, Milwaukee: "No doctor has a right to a patient. The patient has a right to the best knowledge and ability of the combined staff."

Dr. Henry A. Christian Hersey, professor at Harvard University School of Medicine, Boston: "Ally yourselves with the best medical school in your vicinity. The benefit to you is vast. Medical school, hospital and patient form a circle of service. I do not regard as a hospital an institution which lacks modern methods. Otherwise it is merely a nursing home or a place for surgical operations. The greatest weakness of the average hospital is lack of equipment for diagnosis other than surgical. If the hospitals spent as much for medical as for surgical equipment, there would be a marked increase in successful work. More time should be demanded of the visiting staff. Often too expensive buildings are erected, and too little left for running expenses. It is not the outside of the hospital that counts, but the brains within."

Dr. John T. Bottomley, surgeon in chief at Carney Hospital, Boston, suggested that men superintendents be named to manage the sisters' institutions, pointing out that work of this kind has become specialized and the positions should be filled by those especially trained for them.

The necessity of training schools for nurses in state institutions was stressed at a conference of executives of Missouri hospitals in St. Louis recently. Dr. W. P. Bradley, superintendent of State Hospital No. 1, at Fulton, said the training school there has been a success.

# Compensation and Training Schools Big Topics

Ohio Hospitals Hold Largely Attended Convention in Cincinnati, Status of Small Hospitals in Teaching Nurses Developing Warm Debate—Rev. Lohmann New President

*By a Staff Correspondent.*

**A**MONG the features which stood out clearly in the three-day convention of the Ohio Hospital Association, held in Cincinnati, May 24, 25 and 26, were the sense of the hospital executives attending that more liberal provision should be made by the State, through the Industrial Commission, for the interests of the hospitals in connection with the operation of the workmen's compensation act, and the feeling that there should be some restriction placed upon the authority of hospitals to turn out graduate nurses. The latter question, which came up in connection with discussion of the proposed 25-bed and 15-patient limit for hospitals operating nursing schools, excited heated discussion, as was anticipated, and narrowly missed causing a serious breach in the organization.

It is believed, however, that the friendlier counsel which was in evidence following the debate and the threat to form a separate organization of the smaller institutions of Ohio, will prevail, especially as no action was taken officially expressing the sense of the Association on the subject; and aside from this one incident the convention showed remarkable unity on the part of the hospitals, as well as remarkable interest in the numerous live subjects which were up for discussion. Considering the fact that the gathering was the first convention since the organization of the association at Cedar Point, it was successful far beyond any reasonable expectation.

Of course the interest evinced by the membership, clearly proved by a registered attendance of something over two hundred, was largely responsible for the swing and zest with which the convention moved; but the excellent program, which was pushed through with unusual accuracy and speed, and, above all, the careful and thorough manner in which the Cincinnati Committee of Arrangements did its work of preparation, combined to make the convention all that could be desired. Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, who acted as chairman of the Cincinnati committee, and his associate members, Miss Alice Thatcher, superintendent of Christ Hospital, and Rev. A. G. Lohmann, superintendent of the German Deaconess Hospital, had the entertainment and business program so well arranged that the irksome delays usually considered inseparable from conventions of all sorts were completely eliminated.

The convention headquarters, occupying the entire ball-room floor of the Hotel Gibson, were especially well-chosen and handled. The large assembly hall proved entirely adequate for the sessions of the convention, while the lobby and the spacious corridors were given over to the exhibits, commercial and non-commercial. The leading Cincinnati hospitals contributed

to the latter display, showing in various ways some of the interesting points about their equipment and methods, while the commercial exhibitors included a number of concerns prominent in the hospital supply field.

## First Day—Wednesday, May 24.

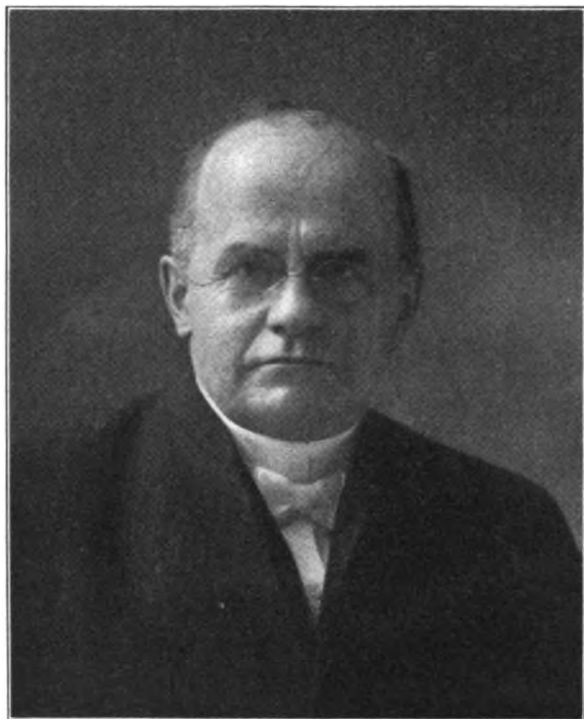
The morning was given over to the registration of all visitors to the convention, beginning formally at 11 o'clock. The convention proper was scheduled to begin at 1:30, and, remarkable to say, this was actually accomplished within a few minutes. President E. R. Crew, of Dayton, ably supported by Secretary-Treasurer Howell Wright, of Cleveland, called the gathering to order very shortly after the scheduled time, thus setting a precedent of promptness which was followed throughout the convention.

The formality of reading the minutes of the previous gathering was dispensed with, and some important committee reports and other business of a routine nature were attended to. The secretary announced that the membership committee was able to report the applications of 142 active and 26 associate members, all of which had been approved; and these were promptly accepted by viva voce vote of the convention. It was also voted without opposition that the association affiliate with the Ohio Public Health Federation, following the reading of a favorable report on the subject by the executive committee.

A brief but hearty address of welcome to the Association, delivered on behalf of the city of Cincinnati by Mayor George Puchta, was gracefully accepted by President Crew, who then proceeded with the delivery of the annual president's address. He traced the development of the hospital from the most ancient times, beginning with the crude efforts of early days and progressing with the work of the monastic orders down to the relatively perfect institution of today. According to Dr. Crew, the Pennsylvania Hospital of Philadelphia, founded in 1751 by Benjamin Franklin, is the oldest institution of the kind in the country. The growth of hospital work has largely taken place, however, since the latter part of the nineteenth century, Dr. Crew pointed out, and would have been impossible, but for the discovery and perfection of modern methods of anaesthesia, and, later, of antiseptic and aseptic surgery. A careful estimate gave 7,000 hospitals as the present number, with a thousand more in construction, and a total of 700,000 beds,

In Ohio alone, Dr. Crew declared, there are about 220 hospitals, representing an investment of over \$25,000,000, with 7,329 employes and an annual expenditure of over \$6,000,000; and as at present only about 10 per cent of the sick and injured are treated in hos-

pitals, he pointed out that the future of the hospital is infinitely greater than even its flourishing present. He pointed out that standardization of construction, of equipment, of methods of purchasing and other details



Rev. A. G. Lohmann, German Deaconess Hospital, New President Ohio Association.

of management, of nurse-training and of all other factors in hospital work is the obvious means of arriving at the best results and the highest efficiency.

Dr. C. G. Souder, superintendent of the Lucas County Tuberculosis Hospital, was the next speaker, delivering the first paper on the program, on the subject of "The Tuberculosis Hospitals of Ohio." First making the point, in a clear and logical manner, that change of climate as an essential in the treatment of tuberculosis is an exploded theory, he pointed out that the establishment of well-equipped hospitals for the adequate handling of the disease near the patient's home is an inescapable necessity. The present system of district and county tuberculosis hospitals, established in Ohio under statutes authorizing county support, was fully outlined by Dr. Souder, together with the work of visiting nurses. Incidentally, speaking for the association of tuberculosis hospitals of Ohio, Dr. Souder stated that the organization had voted to accept the invitation of the Ohio Hospital Association to become a section of the larger organization.

The address of Dr. W. S. Hoy, of Wellston, on "The Hospital and the Operation of the Workmen's Compensation Act," brought up some extremely interesting matter, and some equally interesting discussion thereafter. Dr. Hoy, after going into the present status of compensation legislation in this country with reference to the hospitals, acknowledging the value of the symposium on the subject in a recent number of HOSPITAL MANAGEMENT, warmly indorsed the theory of the com-

pensation acts in general, but declared that greater consideration should be shown the hospitals, and more liberal allowance made for their services to the injured. He asserted that \$2.00 a day is the smallest sum for which any reputable hospital can take care of a patient, and that the allowance of compensation for care and treatment should be based on that fact.

Dr. Hoy admitted that the present limit of \$200 in Ohio for medical and hospital care is ample in ordinary cases, but pointed out that in cases requiring extended care it is unjust both to the attending physician and to the hospital, as well as to the patient, inasmuch as there is in such cases necessarily a balance left over to be paid by him. An amendment to the compensation act, covering such cases, was advocated, and Dr. Hoy, himself a member of the last Ohio legislature, stated that if returned to that body he would introduce such an amendment. Also, he stated that he had information to the effect that arrangements would be made to pay the back bills now owing hospitals for treatment of patients under the compensation act.

Chairman Wallace T. Yaple, of the Ohio Industrial Commission, which administers the workmen's compensation act, was unable to be present to state the Commission's side of the matter, but had an able substitute on hand, in the person of Dr. W. H. White, chief medical examiner, of the Commission. Dr. White accepted good-humoredly the rather onerous burden involved in explaining satisfactorily the manner in which the hospitals have been in many cases forced to accept much less than their dues in compensation cases, and while admitting that there are undoubtedly many cases involving hardship to the hospital, the proportion is small, compared to the total number of patients cared for under the compensation act. He presented figures to this effect, showing that in the ordinary cases the \$200 allowance is ample to take care of both the physician's fee and the hospital's bill, 98 per cent of all cases involving a total cost of less than \$50.

Pointing out that the Ohio law, while only two years old, and still to a certain extent experimental, is one of the most liberal in the country as far as hospitals are concerned, Dr. White stated that even the small percentage of cases where the amount available for treatment was exhausted is a serious matter, as it frequently means that operations or other treatment which might prevent permanent serious disability can not be had.

"The Commission is anxious," he said, "to make changes which will make the law more efficient, and give the hospitals a more liberal allowance. Our handicap has been that the \$200 limitation is in the law, and we can not change it. All we can do is to divide it pro rata."

He pointed out the immense volume of work which the medical department of the Commission must handle with a limited force, averaging about 500 cases daily for himself and six medical assistants, as one factor which might cause errors unavoidably.

Rev. A. G. Lohmann, of the German Deaconess Hospital, Cincinnati, took the floor with a vigorous attack



Group Picture of Ohio Hospital Association Taken in Front of Administration Building of Cincinnati General Hospital

on the Commission's practice of cutting hospital bills without explanation. He also objected to the refusal of the Commission to allow reasonable compensation for dressing materials furnished physicians for the use of patients not being cared for in hospitals, and to the inadequate allowance made for the use of operating-rooms, even under the new schedule of rules announced by Dr. White and distributed in printed form at the convention. This allowance, \$5 in major operations and \$3 in others, was declared by Mr. Lohmann to be much less than the private patient pays, and in this as in other respects he said that he saw no reason why the State should expect to be treated as a charity case.

Dr. White replied that no reductions were made without apparent cause, and that he had issued instructions to his assistants that all reductions of 25 per cent or more should be referred to him personally. Miss Lawson, of Akron, came to his support with the statement that her experience with the Commission in the matter of bills had been entirely favorable, but she was virtually alone in this respect.

The address of Fred S. Bunn, superintendent of the Youngstown City Hospital, on "The Community's Ob-

ligation for the Care of its Indigent Sick and Injured," was delivered on Wednesday evening at 8 o'clock, taking the place on the program which was to have been filled by Dr. John A. Hornsby, editor of *The Modern Hospital*, who was absent on account of illness. Mr. Bunn showed that inasmuch as few accidents or illnesses are the fault of the individual alone, being in many cases directly due to some form of negligence on the part of the community, it is logically the duty of the community to take proper measures to care for the sick and injured, and, therefore, to establish hospitals for that purpose or to aid institutions already established and able to perform that duty. As an example of the latter plan, he described the system under which the two leading hospitals of Youngstown, the Youngstown Hospital and St. Elizabeth's Hospital, have assumed the care of the city's sick.

The two institutions lost over \$100,000 in ten years under the old system, by which a lump appropriation for hospital care was made annually by the city. An educational campaign conducted by them to inform the public of this condition, backed and aided by the newspapers, brought about a change, under which the city



al Hospital, Whose Superintendent, Dr. A. C. Bachmeyer, Is Shown in Bottom Row at Extreme Left.

pays the hospitals \$1.75 per day per certified patient, thus making the compensation depend directly and only upon the service rendered. Father Morris Griffin, of St. Elizabeth's Hospital, contributed some interesting details of the plan, telling how the old system worked, with an equal division of the appropriation between the two hospitals, although one had 25 and the other 125 beds, and of the present method of reporting the number of patients treated. He stated that although in his hospital the average cost of treatment is \$2.04 a day, the payment by the city of \$1.75 for its patients is much more satisfactory than the old lump-sum plan. Miss Lawson, of the Akron City Hospital, remarked that Akron pays \$2.25 a day, while the actual cost is \$2.45 a day, and that, moreover, there are many patients for whom nobody pays.

Dr. E. R. Hayhurst, director of the Division of Industrial Hygiene of the Ohio State Board of Health, spoke upon "Compulsory Statewide Health Insurance and Its Relation to the Medical Service." He said that the workmen's compensation acts in general force are only one example of the growing list of legislation to be classed as social insurance, and that the next logical

phase is health insurance. He referred to the tentative draft of a health insurance act drafted by the American Association for Labor Legislation for introduction in the various State legislatures. A significant point made by Dr. Hayhurst is that sickness is frequently occupational, making compensation covering it quite as logical as compensation for industrial accidents; and he suggested, incidentally, that such compensation would necessarily increase the number of patients able to pay for medical and hospital attention.

#### Second Day—Thursday, May 25.

While the superintendents of tuberculosis hospitals, meeting at 9 o'clock at the Cincinnati Tuberculosis Sanatorium, inspected that newly-finished institution and discussed matters of peculiar interest to their branch of hospital work, the main body of the convention began at 9:30 o'clock a round-table discussion of practical topics which was in many respects one of the most interesting features of the convention. President Crew announced in advance that only 20 minutes could be devoted to each subject, and that each speaker could have three minutes, but in one or two instances interest was

so general that these necessary limits were exceeded by tacit general consent.

Before the discussion began, however, the convention heard several constitutional amendments, which will lie over until the next convention. One of these will permit the nominating committee which names the other officers to nominate the president also, while another will enable superintendents of nurses, now eligible only as associate members of the Association, to become active members. As many of the most active and energetic personalities in the hospital field are found among the superintendents of nurses, who, in fact, were present in full force at the convention, the amendment admitting them to full membership has virtually unanimous support.

The first subject scheduled for round-table discussion, "What Constitutes 'Charity' in a Hospital?" aroused little interest, largely because there was little room for debate upon it. It seemed to be generally agreed that while only patients who are accepted and cared for as free patients are usually classed under charitable work, the difference in any cases between the amount charged, whether or not collected, and the actual cost of the treatment, is charity in the true sense. Uncollectible bills are hardly to be so considered, however, nor is any agreed payment by a city to a private hospital on a per capita basis.

The matter of the affiliation of hospitals in the training of nurses elicited much more lively discussion, being a decidedly timely topic. The practical necessity of affiliation on the part of hospitals unable to give their nurses the full course of training required by the State was set over against what some termed the impracticability of working the thing out in a satisfactory manner. Miss Anza Johnson, chief examiner of nurses for the State Medical Board, replying to a criticism that the Board has been slow in making the examination of hospitals required in order to give them due certification as recognized nursing schools, stated that such examination is made only upon the request of the hospitals themselves, and that this had made it rather a slow matter. Rev. Father C. H. LeBlond, director of Catholic Charities of Cleveland, suggested that few special or other hospitals would care to send their nurses out to complete their training. Miss Lawson referred to the system in vogue in the Akron City Hospital, where pupil nurses spend the last two months of their course in a children's hospital. She pointed out that any good general nurse can care for special cases, under a physician's direction.

It was suggested, on the other hand, that a few months in some special institution might not be sufficient to learn the specialty there handled. It was also suggested that a central training school, to train nurses in theory only, might prove the solution of the problem of giving instruction at the outset. Compulsory selection of some specialty, and corresponding work at an institution of that nature, in the pupil nurse's senior year, was an idea advanced by one speaker.

The question of what hospital employes should be housed in the hospital brought out comparatively little discussion, but the opinions expressed emphatically favored keeping on the hospital premises, preferably in a separate building, as many of the employes as possible, to the end that a reasonable degree of supervision might be exercised over them. It was urged that in all cases cooks and waiters, at least, be taken care of on the hospital premises, in order that, in any event, service of the meals for staff and patients might be assured.

"Should pupil nurses be used as a means of revenue to the hospital?" This question was answered almost unanimously in the negative, on the ground that pupil nurses are entitled, on the one hand, to put in all possible time on training work and study, and, on the other, to a fair amount of leisure for rest and recreation, and that neither is possible where they are placed in charge of pay patients. It was suggested, however, that nurses in the senior grade might benefit by some work of this sort, thus acquiring experience in the individual care of patients which might very well come in nicely later on. The principal object to be kept in view throughout, however, should be the welfare of the nurse, and her benefit from the standpoint of training and study, rather than any possible revenue which might result to the hospital.

Some interesting points were brought out in an all-too-brief discussion of economy in hospital construction, management and purchasing. In drugs, bandages and so forth, for instance, it was pointed out that a substantial saving can be accomplished with a little care. It was asserted, in entire good humor, that the average interne has a penchant for expensive drugs which are not always necessary, and that, moreover, he will invariably use a seven-yard bandage, if it is supplied for the case he has in hand, although a three or four-yard bandage would do just as well. It was suggested, therefore, that it is a good idea to have bandages in the shorter lengths, two, three and four yards, instead of exclusively in six and seven yard lengths and longer. However, the point was made that cheap gauze, as well as other materials and supplies purchased merely because they are cheap, is not an economy. The use of ward incinerators for the destruction of all waste, excepting, of course, garbage, was said to be advisable, if the required care can be given them.

There were several other subjects on the program for discussion, but the interest in the topics referred to consumed all of the time available during the morning session, the members leaving immediately thereafter for the Cincinnati General Hospital. They were shown through the numerous buildings of the big institution, which ranks as one of the finest and most thoroughly equipped in the country, finishing their tour in time to enjoy an excellent buffet luncheon served by the hospital. This over, a photograph of the gathering was taken on the steps of the administration building of the hospital, after which automobiles picked up the members for a very interesting tour of the city, passing through the parks and touching the various points of

interest. The afternoon's program, beginning with the inspection of the hospital, was the personal care of Dr. Bachmeyer and the smoothness with which it was carried out attested to his fine executive ability.

A dinner at the Hotel Gibson was the feature of the evening, with Dr. Bachmeyer presiding as toastmaster. Enjoyable entertainment features were provided, in addition to the excellent dinner, a quartette from the Cincinnati Conservatory of Music rendering several numbers, while Miss Maybell Rossell, an accomplished elocutionist, gave several clever impersonations and recitations. Two highly valuable addresses were delivered, one by Dr. C. R. Holmes, of Cincinnati, chairman of the Cincinnati Hospital Commission and head of his own private special hospital for the treatment of cases involving his specialty, and the other by Dr. Charles F. Hoover, of Cleveland, professor of clinical medicine in the Western Reserve Medical School and visiting physician at the Lakeside Hospital.

Dr. Holmes, who was introduced by President Crew, selected for the subject of his address "The Municipal Hospital: Its Function in the Community and Its Relation to Medical Teaching." Pointing out that the broad work of the general hospital furnishes the best possible field for training the medical student, he declared that aid in the progress of medical science is one of the important functions of the hospital. To this end, the payment of adequate salaries to department heads was suggested by Dr. Holmes in order to assure their permanent and continuous service. Pointing out that at least a year's training in hospital service is now required of the applicant for a license to practice medicine in many states, he said that this should be everywhere required as prerequisite to a license.

Dr. Holmes said that the same qualities are necessary in the administration of a hospital as in any other successful undertaking, and declared that there is room in the field for first-class men, who should be attracted to it by adequate compensation. This applied to the medical staff, which should be carefully selected, the speaker said. The European plan of having a permanent head for each department was approved. On the whole, Dr. Holmes took the view that the large municipal hospital furnishes the best possible field for medical instruction, and that one of its important duties is to see that its opportunity and duty in this direction is properly fulfilled.

Dr. Hoover spoke upon "Medical Education and the Origin of Scientific Work in Hospitals." He asked the reason for America's comparatively low place in medicine, and pointing to the fact that this country is first in astronomical science, declared that the reason can not lie in lack of men of the necessary idealism and scientific spirit. Lack of a proper system under which consecutive investigation in hospitals can be pursued is largely to blame, he inferred, enlarging upon the lack of continuous service which is so often found in American hospitals. Referring to this fact, he declared, "Broken service and 'busted' service are synonymous; inter-

rupted service is broken service, and a broken service is an impaired service."

Dr. Hoover, therefore, declared himself in substantial agreement with Dr. Holmes in the matter of careful selection of a competent staff, made permanent by adequate compensation.

"The modern hospital must be a place where each patient is a separate problem," declared Dr. Hoover. And the handling of these problems under the eye of the student is ideal and essential training, he pointed out; students must see actual patients under actual treatment, reading alone being entirely inadequate to proper training.

### Third Day—Friday, May 26.

The session of Friday morning, which was opened with a symposium on the Ohio law regarding registration of nurses, with particular reference to the proposed minimum limit to be placed on hospitals eligible as training schools, witnessed a debate in which considerable feeling was manifested, as it was felt by the smaller hospitals that the proposed limitation was unnecessary, and would result in serious injury to them both in prestige and in operation. This view was vigorously expressed in a paper by Dr. J. S. Cherrington, superintendent of the Cherrington Hospital, Logan, O., opening the discussion. He declared that the training school is vital to the small hospital, and that, on the other hand, the small hospital can give training to nurses which is entirely adequate.

Miss Laura R. Logan, R. N., superintendent of nurses of the Cincinnati General Hospital, followed Dr. Cherrington. She reviewed the history of nursing instruction in the United States, pointing out that schools of nursing generally had independent beginnings, but gravitated to the larger hospitals as a matter of practical necessity, in order to give pupils proper training. She declared, however, that the exploitation of pupil nurses by all hospitals, large and small, had been in the past a discreditable practice, overwork and inadequate quarters being the general thing. The elimination of this condition has been largely due to registration laws, now existing in forty-three states, she pointed out, fixing certain standards and eliminating schools unable to meet those standards. She asked for better preliminary training for the nurse, and for better treatment for the pupil nurse in the hospital. The standard fixed by the American Red Cross Society has been an important factor, Miss Logan pointed out, in raising standards everywhere, and she noted, incidentally, that training in a hospital with a daily average of not less than fifty patients is required by that Society. The employment of paid workers to take care of ordinary routine matters which need not be done by pupil nurses was suggested as a means of cutting down the demands on the time of the pupils, this system being followed at the Cincinnati General Hospital. Such details as tray-serving, making beds, dusting and the like can be taken care of by these paid assistants.

Miss Anza Johnson, chief examiner of nurses for the State Medical Board, opened the discussion following the two principal addresses. She presented some interesting information received in reply to letters addressed to a number of states concerning the operation of their registration laws, designed to determine whether there had been opposition to the laws, and what the effect of them had been on the hospitals. She stated that it had not been found that many hospitals had been compelled to go out of business on account of the enforcement of more stringent requirements as to nursing schools, giving actual figures. Miss Johnson referred in complimentary terms to a recent editorial in *HOSPITAL MANAGEMENT* on the training of nurses in special hospitals.

Miss Mary M. Roberts, president of the Ohio Graduate Nurses' Association, declared that compulsory registration raises the standards in all types of schools, and that any resulting deficiency in the number of student nurses can and should be offset by paid workers. The objection that the requirement of a year in high school is unfair to girls living in the country districts was met by Miss Roberts with the assertion that the proportion of high school attendance in the country is higher than in the city, the excellent rural high schools in Ohio being responsible for this.

Dr. C. R. Holmes delivered a short and pointed address on the subject, declaring that a nurse trained in a hospital devoted to a special class of patients, such as his own, is not qualified to do general nursing, no matter how thorough their special training, and is not therefore entitled to be called a graduate nurse.

"We have no more right to graduate and send women out among the unsuspecting community as nurses, who have only received a partial education, than we have to make doctors out of medical students who have only taken half of their medical course," he asserted.

Dr. Charles Reed talked for a few moments, making one of the cleverest addresses heard by the convention. He compared the opposition to higher standards of registration to that which arose when higher standards of medical education were first proposed.

"I am a believer in the small hospital—every county should have at least one," he declared. "But every county is capable of maintaining and should have a hospital of more than fifteen beds, so that the proposed limitation ought not to affect any hospital which is alive to its opportunities."

Dr. Freiberg made a few remarks to the same effect, declaring that doctors, who have themselves experienced the benefits of higher training, should not be found among the opponents of improved standards of training among nurses.

Miss Grace E. Allison, superintendent of nurses of the Lakeside Hospital, of Cleveland, said that the matter should be viewed from the standpoint of the nurse in her relation to the public, rather than from the standpoint of the hospital. Dr. O. O. Fordyce, of the Athens State Hospital, who was to have discussed the subject, was not present.

When discussion from the floor was opened, Dr. W. S. Hoy, of Wellston, took up the cudgels on behalf of the small hospital, his legislative training in oratory being apparent in the vigorous speech which he delivered. Declaring that he had taken a leading part in securing the enactment of the present Ohio nurses' statute, he asserted that the interests of the small and the large hospitals had evidently become diverse, and that they must part company. He produced a charter granted to a new Ohio Hospital Association, secured for the purpose of starting a new organization.

Miss M. A. Lawson, superintendent of the Akron City Hospital, denied that higher standards are inimical to the small hospital, stating that she had started a 25-bed hospital twenty-one years ago, and that the present laws are helping small hospitals and would have helped them at that time.

Rev. C. H. LeBlond was called upon at the suggestion of Dr. Hoy to give his views on the subject, and while, as he stated, all of the seven hospitals under his jurisdiction are much larger than necessary to pass the proposed minimum, he thought that the State board should proceed slowly in fixing any arbitrary standard which might affect the smaller hospitals adversely, and should if possible so arrange that the small hospitals can comply with the requirements. Father Griffin followed in pouring oil upon the troubled waters, by introducing the following resolution, which was adopted:

"Resolved, that the Resolutions Committee be instructed to bring in a resolution referring the question of the regulations of the State Board concerning the minimum number of patients daily to a separate committee, to report at the next annual meeting of this Association."

As the only ground for serious difference of opinion on the subject lay in action by the Association expressing a definite recommendation to the State Board of Nurses, this resolution obviously settled the matter, and, it is believed, will avert, or at least postpone, the threatened split between the larger and the smaller hospitals. The feeling which was in evidence during the debate was further allayed by members who urged that differences be forgotten and that all members devote themselves to work for the general good of the hospital field.

According to Dr. Hoy, however, who was accepted as the leader of the "insurgents," an armed truce will prevail pending the action of the State board on the subject, as the smaller hospitals are determined not to accept any regulations which will make it impossible for them to train nurses.

The committee on the time and place of the next convention reported in favor of Columbus, leaving the exact date to the executive committee, but recommending the latter part of May or the first part of June. The report was adopted.

The election of officers, which came next, took up some little time, and resulted in a warm contest for the presidency between Dr. F. F. Lawrence, of Columbus,

one of the insurgent group, and Rev. A. G. Lohmann, superintendent of the German Deaconess Hospital, of Cincinnati, the latter being elected. The vote was made unanimous on vote of Dr. Lawrence himself, after the trend of the election was seen. Other officers were elected as follows: First vice-president, David Workum, Cincinnati; second vice-president, Miss M. A. Lawson, superintendent Akron City Hospital, Akron; third vice-president, Miss Mary E. Jamieson, superintendent Grant Hospital, Columbus; secretary-treasurer, Howell Wright, Cleveland; executive committee, Fred S. Bunn, superintendent Youngstown City Hospital, Youngstown, chairman; Rev. C. H. LeBlond, director of Catholic Charities, Cleveland; Dr. E. R. Crew, superintendent Miami Valley Hospital, Dayton; Miss Mary M. Roberts, President Ohio Graduate Nurses' Association, and Dr. A. C. Bachmeyer, superintendent Cincinnati General Hospital, Cincinnati.

The report of the Committee on Resolutions, delivered by Father LeBlond, was adopted. It recommended the appointment of a committee of three members to study the operation of the workmen's compensation law as affecting hospitals, in co-operation with the committee of the State Medical Association on the same subject. A resolution was also reported on the subject of nursing regulation, in accordance with the action of the convention, and, finally, a resolution thanking those who had contributed to the undoubted success of the convention, including the local committee, consisting of Dr. Bachmeyer, Mr. Lohmann and Miss Thatcher, the hospitals of Cincinnati, the Hotel Gibson, the exhibitors and the press. The convention then adjourned.

#### Convention Notes.

The commercial exhibits were especially interesting and complete, although the fact that the time for getting in touch with possible exhibitors was limited, and resulted in fewer attending the convention than would otherwise have been the case. Those who had displays included the following:

The Life Saving Devices Company, of Chicago, showing several models of the "Lungmotor."

Max Woche & Sons Co., of Cincinnati, who had a double booth in which the company's line of surgical appliances was shown.

The Leonard-Rooke Company, Providence, R. I., showing Leonard temperature-regulating valves for all kinds of water-supply purposes.

The American Laundry Machinery Company, of Cincinnati, showing the Universal press and other laundry equipment.

The J. B. Ford Company, of Wyandotte, Mich., cleaning compounds.

The Coast Products Company, of St. Louis, fruits and fruit syrups.

The Royal Baking Powder Company.

The Hockaday Paint Company, of Chicago, whose exhibit featured "Interio," a number of testimonials concerning which were available from Cincinnati institutions, and whose exhibit was in charge of G. A. Beem.

Thorner Bros., of New York, exhibited a variety of hospital and surgical supplies and appliances.

The National Marking Machinery Co., of Cincinnati, had one of its marking machines in operation in its booth.

The Charles H. Phillips Chemical Co., of New York and London, displayed attractively some of its well-known standard medicinal preparations.

The Aluminum Cooking Utensil Company, of New Kensington, Pa., displayed its "Wear-Ever" line of aluminum utensils.

The Clarkson Loganberry Juice Co., of Cincinnati, displayed a variety of fruit juices, which are in wide use for convalescents in hospitals.

L. S. Ayres & Co., of Indianapolis, Ind., showed a line of doctors', nurses' and patients' gowns and aprons, which it has been manufacturing for only a brief period, but with considerable success.

The S. S. White Dental Mfg. Co., of Philadelphia, showed a new dental chair, especially designed for use in hospitals.

The Pittsburg Plate Glass Company distributed literature covering its wide line of paints, finishes and hospital sanitary glassware.

A. H. Altschul, of New York, showed samples of Altschul brushes, designed exclusively for hospital use.

R. L. Hawkins, of Cincinnati, had an interesting display of serums.

A. W. Diack, Detroit, had a display of sterilizer controls and literature.

The assistance of Miss Marguerite Deaver, dietitian at Christ Hospital, added much interest to the display at the Coast Products booth, as Miss Deaver is widely known in her field of hospital work. She is the author of a hospital cook-book, published under the name of the hospital, which is accepted as a standard in its field.

Some dainty garments which showed to excellent advantage the possibilities of what the laundry trade calls "family finished work," in the laundry were exhibited at the American Laundry Machinery Company's space in connection with its display of equipment, demonstrating that nothing is beyond the scope of good laundry machinery nowadays, no matter how fine.

One of the most striking features of the convention, from the standpoint of those who were unfamiliar with the type of woman who is doing so much splendid work in the hospitals nowadays in various capacities, was the readiness in debate displayed by many women who spoke. They showed not only a familiarity with all details of hospital work, which might be reasonably expected, but an ability to express themselves on their feet which is not generally looked for in the gentler sex, as some of the men who crossed verbal rapiers with them learned during the convention.

Rev. Fathers LeBlond and Griffin, already widely known as leaders in hospital work, and prominent among the Catholic clergy interested in that work,

(Continued on page 28.)

# Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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JUNE, 1916.

No. 5

## Calendar of Hospital Events

American Hospital Association, Philadelphia, September 26-29, inclusive.

### The Value of "The Quiet Hour."

The hospital superintendent usually has a nerve-racking job. The responsibilities of the position, coupled with the number and variety of duties, and the number of people who must be seen and dealt with, mean that the chief executive of the institution must at all times be mentally and physically fit.

One of the ways to secure and maintain this condition is to have a room which is not to be private in name only, but absolutely; a place to which the superintendent may retire and relax, whether it be for ten minutes or thirty. Such a room is a real haven of refuge, where strained nerves may regain their elasticity, and a worried mind its poise.

A clever and energetic woman who is superintendent of a 100-bed hospital, where she is compelled to give close personal supervision to almost every detail of management, recently established a private office into which no one may come except by special invitation. Here, when the trials of the day have been especially wearing, she comes for a few minutes' rest, and invariably she leaves refreshed and with renewed vigor. She has a couch in this room, and a few vases of flowers are always there. It is not equipped for business, though there is a small writing-desk in one corner, but for personal comfort.

"I don't understand now how I ever got along without a place of this kind," she said recently to a friend. "It means so much to me now that I should hesitate to go back to the old regime of unending stress and strain. The occasional respites I am able to take here have meant all the difference between being rested and vigorous all the time and being fagged and worn at the end of the day's work."

### Be Sure You're Right And Then Go Ahead.

There is only one thing worse than not having enough money for hospital equipment, and that is having too much.

This may not seem possible—especially to those in the former class; but it is.

Having too much money is likely to result in errors being made which could not possibly have been made if the institution had been forced to make every cent count and every dollar buy at least 100 cents' worth of value.

Not long ago a hospital which is heavily endowed was purchasing the equipment for its new plant. The building had not been occupied, of course, and hence the various department heads had not been employed. When it came to the matter of buying laundry and bakery machinery, the selection was left to the manufacturers, who put in a complete line of large-size units.

When the practical men in charge of the departments took hold, they found that the machinery was much more elaborate and on a larger scale than needed. In the case of the laundry this did not matter so much, because it was not necessary to operate all of the washers at one time. The power-driven mixers and other bakery equipment, however, were found to be quite useless, because they were of such huge dimensions, in proportion to the needs of the hospital, as to make their utilization a matter of the distant future. For the time being, therefore, this investment is paying no returns whatever.

Whether you have much money or little, get really expert advice regarding your equipment, especially in departments with which you are not familiar. Be sure you're right, and *then* go ahead!

### Corporal Punishment in Hospitals.

The best argument against the administration of corporal punishment in hospitals, whether to children or adults, is that public sentiment is definitely against it.

The public no longer tolerates whipping even in the schools, where the "birch rod" was formerly an institution as ancient and respected as the school-master himself. Less violent but equally cogent methods of controlling unruly youth have been developed.

Hospital superintendents who are confronted with the question of whether to permit a child to be whipped as a means of securing obedience to the discipline of the institution should remember that however trying the child may be, it is still a patient, and should be dealt with accordingly. And it is always possible for the public, looking at an incident of this kind through the glasses worn by a possibly over-sympathetic reporter, to kindle resentment against the institution because of it.

The superintendent of a well-known children's hospital recently declared that in her opinion whipping is not only undesirable but unnecessary.

"Separation from the other children is the surest and most effective punishment," she continued. "If the child refuses to obey, put it in a room alone. Have its meals served separately, and bring it to its companions only at bed-time. It takes only a day or two of this treatment to secure entire respect for authority."

The superintendent of a large municipal hospital recently dismissed summarily an orderly who had struck a patient. The latter was violent and hard to handle, but the superintendent, seeing at once the possibilities of such a case, enforced the written law of the institution by replacing the offending employe at once.

This is a case where the motto of the hospital should be: "When in doubt, don't."

### An Era of Hospital Expansion.

The address of Dr. E. R. Crew, superintendent of the Miami Valley Hospital at Dayton, and retiring president of the Ohio Hospital Association, delivered at the annual meeting of the organization in Cincinnati last month, was significant in its emphasis upon the rapid growth of hospital capacity.

He gave the number of hospitals in operation as 7,000, with 1,000 more under construction. The present capacity, he believes, is 700,000 beds, and the additions now being made will doubtless raise the total to close to 800,000.

There is no questioning the fact that the United States is witnessing a period of great hospital expansion; neither is there any doubt as to the cause. It lies in a greater public appreciation of the value of hospital service, and a greater response on the part of the hospitals by the improvement of their service and equipment in every possible way. Only a small percentage of the sick at present enjoy hospital care; and with the enlarged capacity of the hospitals, coupled with continued education of the public, the number of those received is certain to show a steady and continuous increase.

This means greater opportunity, greater responsibility, for the hospitals. They are fully alive and equal to both.

### Notes and Comment.

The St. Lawrence State Hospital at Ogdensburg, N. Y., is carrying on a series of mental clinics at various towns in its territory along lines similar to those of Norfolk State Hospital in Massachusetts, described in last month's issue. Dr. Richard H. Hutchings is superintendent.

"Hospital Day" was observed May 29 at the Philadelphia Today and Tomorrow Exposition. Dr. William Krusen, director of the Department of Public Health and Charities, presided, and talks on various features of hospital work were made. Dr. M. F. Mossell, medical director of the Douglass Memorial Hospital, made a plea for recognition of the colored physician and colored nurse.

The Flower Hospital, of New York, recently received as a gift from Carroll Beckwith, the American

artist, an oil painting of a French peasant woman, which will be sold by the trustees. The painting has a minimum value of \$500.

Dr. William T. Councilman, professor of pathology at Harvard University, has written an interesting article contrasting the methods at Bayview Hospital, Baltimore, when he was pathologist there thirty years ago and now. He said that the change was little short of marvelous, the entire atmosphere being changed. A greater sense of individual responsibility is one of the most marked differences.

A hospital superintendent, commenting on the success of a money-raising campaign several years ago, said that it was the start of community effort there, all sorts of civic and commercial enterprises having been successfully launched since. The development of community spirit may logically center around work in behalf of the hospitals.

Mr. Frederick M. Morlok, superintendent of the Memorial Hospital, Richmond, Va., has under consideration plans for a negro pavilion to be operated as a unit of the institution. The big problem of the care and treatment of the negro in Southern hospitals is well recognized, and the Memorial Hospital will doubtless be able to contribute something of value to the subject.

The Public Health Service has discontinued the conduct of a Marine Hospital at Cincinnati. The patients are now being cared for under contract at the Cincinnati General Hospital, and the old Marine Hospital building is being used for laboratory purposes and as headquarters for field investigations.

The Friends Hospital, Frankford, near Philadelphia, will plant 16,000 trees on 900 acres of land which is to be used for forestry purposes, the State Forestry Department furnishing the saplings. Forestry work by institutions has numerous advantages and opportunities.

The Illinois Valley Hospital at Quincy has delayed the erection of its building on account of the advance in the cost of materials, the increases being given as follows: fireproof tile, 50 per cent; steel, 90 per cent; plate glass, 75 per cent; operating-room equipment, 45 per cent, and floor tile 35 per cent. Reductions are looked for in the next six months.

The St. Louis City Hospital has adopted the plan of keeping a supply of blood in cold storage for use in transfusion cases. The fluid is being kept in glass jars, a mixture of sodium citrate being used to prevent coagulation. This method, it is found, will enable the blood to remain in condition for use for four or five days.

In a communication to the *Chicago Daily News*, "Nurse" explains that there is no danger of the identity of infants being confused in hospitals. "Usually a band of adhesive plaster, marked in indelible ink with the parent's name, is put about the ankle," she says. "Bathing does not remove it. It takes more than water to dissolve the band."

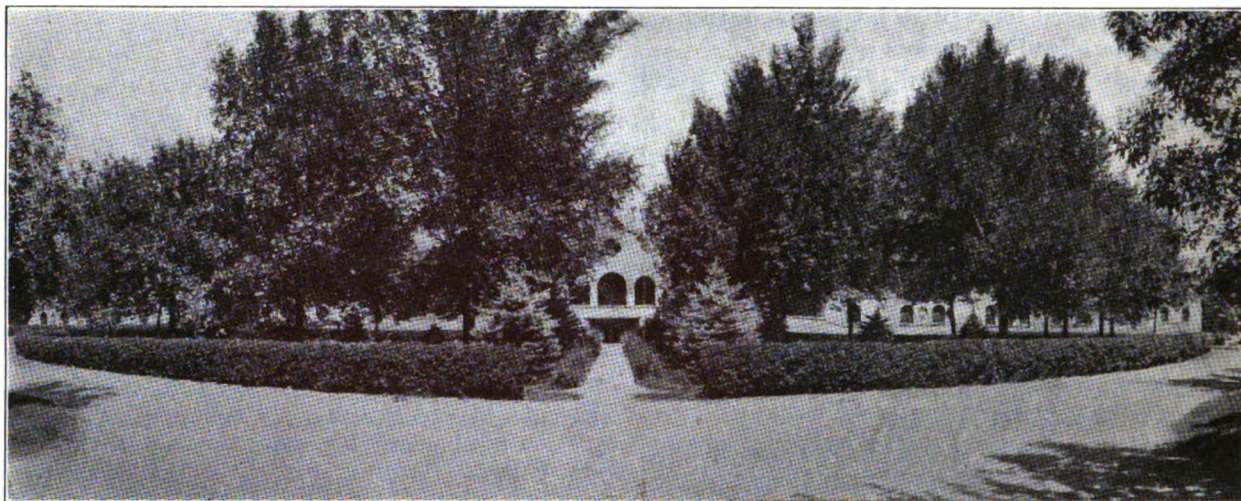
The S. R. Smith Infirmary, the oldest hospital on Staten Island, N. Y., founded forty years ago by the late Dr. Samuel R. Smith, has announced a change of name to the Staten Island Hospital. It is explained that the word infirmary has often been misconstrued to mean an institution for the aged and infirm, rather than a hospital, resulting in loss of business.

The Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases has dedicated the S. Weir Mitchell Memorial Dispensary. Dr. Mitchell was one of the founders of the institution and for many years the head of its staff. A bronze memorial tablet has been placed in the waiting-room.

## INDUSTRIAL DEPARTMENT

### Colorado Fuel and Iron Company's Hospital

Minnequa, 216-Bed Institution, Is Unique Among Industrial Hospitals in Extent of Equipment and Scope of Work Carried On



Beautiful Grounds of Minnequa Hospital, 216-Bed Institution of Colorado Fuel & Iron Company.

ONE of the most interesting industrial institutions in the country is Minnequa Hospital at Pueblo, Col., operated by the Colorado Fuel & Iron Company, which has its general offices in Denver. In construction, equipment and surroundings, it can stand comparison with any general hospital, and in many respects it is unique.

The operation of the hospital as well as a dispensary at the steel plant, visiting nurses, etc., is in charge of the medical department of the company, the head of which is Dr. R. W. Corwin, chief surgeon, who is also general manager of the sociological department. He has a large resident staff, consisting of six doctors, Sadie L. Heckert, R. N., being superintendent of nurses. Dr. C. V. Marmaduke is superintendent of the dispensary, with three doctors assisting, no internes being employed.

The hospital has a training school which is well organized, some members of the 1916 graduating class being shown on one of the illustrations which accompany this article. The night superintendent of the hospital is Mabel Johnson, R. N., and Ina Avery, R. N., is head operating-room nurse. Head nurses for the several floors are Agnes Clarke, R. N., Mary Brackett, R. N., and Elizabeth Dunsmuir, R. N.

Last year 1,619 cases were treated at the hospital and 3,250 cases at the hospital dispensary. Indicating the efficiency of dispensary work at the steel works, which sufficed to prevent development of injuries through infection, 50,514 cases were handled there, with 25,817 at the various camps of the company.

The hospital has a well equipped laboratory, which last year handled 4,362 examinations, including 2,824

urinalyses and 107 Wasserman tests. The X-ray department is also kept busy, as indicated by its record of 602 radiographs during the year. The importance of this department in industrial work of this kind is emphasized by the fact that it is often desirable to locate foreign bodies, and eight cases of steel in eye were relieved and three of steel in thumb in 1915.

A new feature of the hospital's work is the emphasis which has been laid on mental tests of workmen, and an expert in this branch of psychiatrics has been added to the staff, while a room is to be equipped especially for examination of cases of doubtful mentality, Dr. Corwin regarding this as one of the most necessary features of safety first work.

An oral surgeon has also been added to the staff, as pyorrhea and other mouth diseases have an important bearing upon the health and recovery of a patient. Like the tonsil, the gum is often the seat of infection, and must be relieved before the patient can be cured. Dr. Corwin expects much from this department.

According to the annual report for last year, a number of successful economic changes have been made in the diet kitchens, drug room, linen department and laundry. A club, composed of the heads of departments, meets every Wednesday noon at luncheon for the purpose of exchanging friendly criticism and suggesting improvements. This has led to the control of noise by means of installing a Noise Record, which is described as follows:

"The head nurse on each floor records all noises made by doctors, nurses and visitors. The record is read each Wednesday at the meeting of the club and then posted for a time in the record office. It has had the effect of

eliminating unnecessary noises. The doctors, who often are the worst offenders, tiptoe through the hospital and speak in subdued tones. The nurse no longer is heard carrying on loud conversation in the building. Her shoes are fortified with rubber and her skirts are without starch. The orderlies and other employes of the hospital observe quiet. The quiet habit extends even to the patients, who are careful to talk low and quietly. All appreciate that the hospital is for the comfort and benefit of patients, and take active interest in their welfare. Co-operation among the members of the medical staff, the nurses and the help is excellent."



Dental Work at Minnequa Hospital an Important Item.

In regard to the staff, Dr. Corwin has, in addition to six resident physicians, the advantage of the services of a non-resident staff of superior talent, those included in this list being Dr. Richard C. Cabot, Massachusetts General Hospital, Boston; Dr. Henry B. Favill, Chicago; Dr. W. J. Mayo, St. Mary Hospital, Rochester, Minn., and Dr. Victor V. Vaughan, Dean Michigan University, Ann Arbor.

In connection with the diet provided patients, it is emphasized that on account of the number of foreign-born employes, the difficulties are greater than usual. As far as is consistent, native dishes are provided. It is, however, a constant study to give each what is palatable and not detrimental. The report says, "To satisfy the patient with food would be easy, to diet correctly is difficult." The patient sometimes does not or will not appreciate efforts along these lines. Tact, patience and oft repeated explanations must be forthcoming. The foods are prepared under the direct supervision of a dietitian, who carefully inspects all trays.

One of the most attractive features about Minnequa Hospital is its location and grounds. The latter are heavily wooded, so that the building can hardly be seen. The grounds occupy a broad mesa overlooking beautiful Lake Minnequa. To the west forty miles are the Cuerna Berde and the Sangre de Cristo ranges; fifty miles to the north, Pike's Peak, and seventy-five miles to the south the Spanish peaks, so that in every direction the outlook is impressive.

The hospital, which has a capacity of 216 beds, is de-

signed with a view to giving the greatest comfort to patients, every room being an outside room, with light, air and sunshine therefore at the maximum. Throughout the hospital the rooms are decorated so as to bring out, in each, a distinctive theme; for instance, there are Rembrandt, Mission, Dutch, Japanese, Chinese and Elk rooms, etc., the pictures and hangings of each conforming as far as possible with the name suggested. Cork carpet is used on the floors, because of its noiselessness. A washable, easily detached curtain, which makes no noise when disturbed by the wind, is used. Odors are entirely eliminated by perfect ventilation. Pictures are supported on a single rod, hung low, so that they may readily be kept clean.

The hospital has a winter sun parlor which is especially attractive, being decorated with Indian bowls, Navajo rugs and brilliant foliage, and is much used by the patients in inclement weather. The hospital notes that these private Indian collections are not simply of interest as curios, but much of historical value may be found in them, indicating what may be done with little expense to make a room interesting and attractive.

The training school is unusually well equipped, the number of nurses in training usually being about thirty. The demonstration-room is supplied with all of the appliances used by nurses in active work, a doll of adult size taking the place of a patient. The probationers are drilled here before being put on active duty.

One of the unusual features of the Minnequa Hospital is the operating-room, in that dark sheets are used.



Attractive Members of This Year's Graduating Class at Minnequa Hospital.

Dr. Corwin explains this plan by the following notations:

"Vision depends on reflection. If a dark sheet is used, the wound reflects stronger than the sheet, because the latter absorbs much of the light. If a light sheet is used, it reflects more than the wound, the sheet reflection predominating; hence the wound is poorly seen, whereas with a dark cover the wound reflection predominates. The advantages of a dark sheet are: It absorbs light, rests the eye, and the predominating reflection is from the wound. The disadvantages of the white sheet are: It reflects strongly, tires the eye, and

produces feeble contrasts. It is contrast that is desired. The dark sheet is to the surgeon what the dark room is to the ophthalmologist."

Sunday services are held at the hospital, lasting from 8:30 to 9 o'clock. This has been conducted for years, and is eagerly anticipated. During this half hour all work possible is suspended, and every inmate who can is invited to attend. The service is entirely non-sectarian, consisting of a brief Scripture reading and a short talk. Clergymen, professional men and laymen have aided in these services. The nurses of the training school, under the supervision of Miss Follette, compose the choir.

The sociological work of the Colorado Fuel & Iron Company covers many other branches of activity, including the establishment of schools, churches, Y. M. C. A.'s, playgrounds, etc., the stimulation of interest in more attractive home surroundings, the education of employes and their families in domestic hygiene and other matters of this kind. The company maintains a rescue car equipped with all necessary apparatus and its safety work is carried on by means of an extensive organization in the various plants. A monthly bulletin is issued dealing with the relations of the company and employes, and various features of the medical and sociological departments are taken up in these bulletins.

## Handles 18,000 Cases a Year

Emergency Hospital of B. Altman & Co. Is Doing Work on Unusually Large Scale and With Great Success

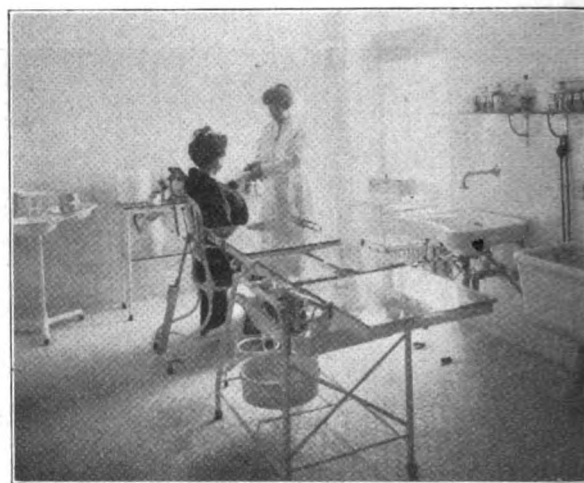
**I**N connection with the recent biennial of the General Federation of Women's Clubs held at New York City, the National Civic Federation devoted one afternoon to a discussion of welfare work. Among the interesting talks was that dealing with the hospital feature of department store work. What is being done in this direction by B. Altman & Co., of New York, was discussed as a foremost example of welfare work based on scientific principles.

The Medical Department and Emergency Hospital conducted by this company are in charge of a house physician and two graduate nurses. The equipment is all that modern science can provide. The surgery contains an examining and operating table, an electrical sterilizer, a specialist chair; slop sink and surgeons' wash basins, a foot bath, all of which are operated by foot valves, obviating the need of the hands touching any part of the equipment; a double irrigator, several glass tables, etc. The hospital is also supplied with a high frequency electrical machine for the treatment of neuritis, sciatica, rheumatism, lumbago, etc.

There are two waiting-rooms, an office and consulting-room, and two separate wards, with a total of seven beds. Both wards have separate, connecting lavatories. The beds are of the most approved construction, with heads that may be lowered or raised. The floors throughout the hospital are of white tiles, the wainscoting is tiled and the walls above are painted a cream-

white. The wood-work is highly enameled, and all the furniture is metal, white-enameled. Sunlight and air add their health-giving attributes, as the hospital is located on the twelfth floor, overlooking the roofs of New York and through the large windows the sun sends its brightest rays and refreshing breezes revive all who enter the quiet hospital—too well situated to be reached by the noise of traffic in the thronging streets below.

No case is considered too trivial to be treated. Cases are carefully followed and urged to return for observa-



View in Emergency Room of B. Altman & Co.

tion. A history of each case is filed alphabetically, with the card index system, and all subsequent treatments are entered on the back of the card. Nearly all the medicine is in tabloid form, making it easy to dispense, and all medicine is supplied free. In cases where the diagnosis is malnutrition, milk is prescribed and furnished free, the patients being weighed weekly.

The campaign of education is an important part of the work. Before the hospital was opened, infection from the prick of pin-tickets was common. The records now rarely contain cases of infection from neglect. In such a large working organization many cases vitally affecting the public health come under the observation of the house physician, whose opportunities for the prevention and arrest of communicable diseases are fully as great as in warding off the common illnesses of life.

The beginning of the work was on a modest scale, but B. Altman & Co. were pioneers in welfare work. No tax, either directly or indirectly, has ever been imposed on their employees. The record of the medical department for the year ending December 31st, 1915, contains over eighteen thousand cases.

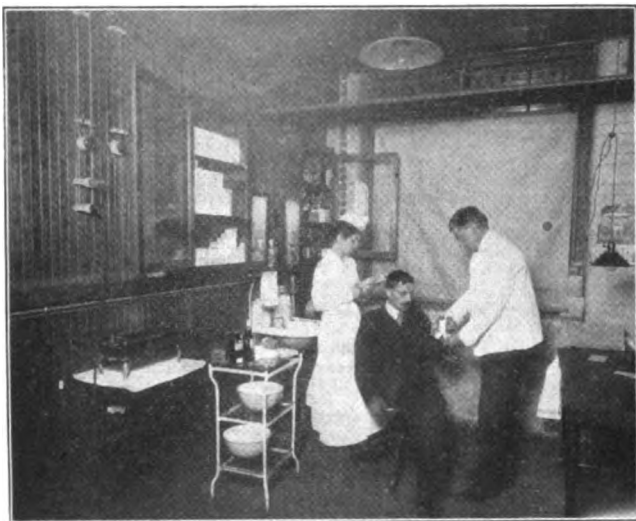
Mr. F. S. Treat, secretary of the Board of Control of State Institutions of Iowa, has explained that the figures recently published to show the cost of food at these institutions included only the cost of the raw material, service not being taken into account, nor the articles of food produced on the farms, so that they were not a fair subject for comparison.

## Handles Maternity Cases

Simonds Mfg. Company Gives Attention Through Visiting Nurse to Prenatal Work

**S.** GRESSENICH, of the Simonds Mfg. Company, of Fitchburg, Mass., saw manufacturers of note, furnishes the following description of the routine used in connection with the work of the nurse and the use of the hospital facilities of that plant:

"Early each morning the nurse is in attendance to do the dressings and take care of the accidents which



First-Aid Quarters of the Simonds Mfg. Co.

may occur during the morning hours. Suggestions and advice as regards sickness at the homes of the workmen are included in the morning routine. The afternoon is devoted to visiting the patients who are unable to come to work. All maternity cases are taken care of by the nurse, also prenatal work.

"In the home work first attention is given to the employees, in order to keep up the efficiency of the factory. Next in order is attention to members of a workman's family whose sickness requires his absence from his daily work. Three times a week a doctor is in attendance for any of the men who care to consult with him."

### To Study Industrial Cases.

Of great interest to those engaged in industrial work is the establishment of a clinic for the exclusive study of industrial and occupational diseases by the Pennsylvania Department of Labor and Industry. It is to be conducted at University Hospital, Philadelphia, under Dr. Alfred Stengle. An entire ward is to be devoted to sufferers from diseases presumed to have been contracted in their employment and from conditions under which they have to work. Two hospital physicians and a large number of social service workers will assist.

The decision to establish the clinic came after a conference on the subject of occupational disease prevention at an industrial hygiene conference at Harrisburg, Pa., May 18, under the auspices of the department. In view of the growing tendency to place disability due to occupational diseases under the workmen's compensation laws, investigations of this kind promise to be especially valuable.

## Does Broken Service Mean "Busted" Service?

(Continued from page 9)

open door policy in professional opportunities with proper limitations and restrictions.

"5. It will bring an increased interest and zeal to the work in which an individual is engaged after a limited retirement therefrom, just as it does in other walks of life.

"6. It will enable all those with regular work assigned for a definite and prescribed period during the year to arrange their professional affairs in other hospitals with which they may be affiliated, or their personal ones, such as their regular annual summer vacations of several months or other absences which may be foreseen and provided for, in a way which will be most convenient for all of the members of the visiting staff, as well as consistent with the best interests of the hospital.

"7. It will enable the governing board to add to the prestige of the hospital by an increase in its visiting staff of worthy and well qualified men.

"8. It will do no injustice to those who have heretofore had a continuous service (whole year) since they have other hospital affiliations, the duties of which would presumably engage such time as they felt able and willing to give to hospital (charitable) work from their private practice, and it is reasonable to assume that an active medical man having hospital appointments is scarcely able to give more than a very limited amount of his individual work to each hospital, which, if given to one hospital instead of being distributed among several, would be of greater advantage to that one hospital, and experienced hospital administrators have recognized this. Where several responsible hospital appointments are held by the same individual, his duties are frequently delegated to a number of so called 'assistants,' the more the better for his own convenience, in this respect, and a large number of these 'assistants' has a tendency to deprive the resident staff (interns) of some of their proper and legitimate professional privileges, thus lessening their interest and zeal in their professional duties."

In this connection, the policy of the Lakeside Hospital, Cleveland, of which Dr. A. R. Warner is superintendent, and which is considered by many as the leading exponent of the continuous service idea, is of interest. This plan has been in effect for five or six years. During the past year it has been amplified by having, in addition to the regular graded house staff, three special residents, who have had adequate hospital training. These men may be past residents or have had their training elsewhere. They receive their living from the hospital, but no salaries, though some of them are salaried by their universities in consideration of the special research work which they are doing in the hospital.

The alumnae of the Johns Hospitals Training School for Nurses at Baltimore have started a campaign to assist in raising an endowment fund of \$500,000.

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## Strong Program Announced

Details of Three-Day Session of National Body at Philadelphia Completed

THE headquarters of the American Hospital Association in Philadelphia September 26-29 will be at the Bellevue-Stratford. The program for the meeting has been announced, and is as follows:

### TUESDAY, SEPTEMBER 26.

#### Morning Session.

Invocation—Rt. Rev. Philip M. Rhinelander, Bishop of Pennsylvania.  
Address of Welcome—The Mayor of Philadelphia.  
President's Address—Dr. Winford Smith, President. Superintendent The Johns Hopkins Hospital.  
Report of Committee on Constitution and By-Laws.  
Medical Organization and Medical Education—Dr. Charles Young, Superintendent Presbyterian Hospital, New York City.  
Discussion opened by—Dr. L. B. Baldwin, Superintendent University Hospital, Minneapolis, Minn.

#### Afternoon Session.

Report of Committee on the Training of Nurses—Ella Phillips Crandall, R. N., Executive Secretary National Organization for Public Health Nursing, New York City.  
Report of Committee on Grading and Classification of Nurses—Charlotte Aikens, Chairman. Editor Trained Nurse and Hospital Review, Detroit, Mich.  
Discussion.  
The Open Door Hospital—Dr. L. B. Baldwin, Superintendent Grace Hospital, Detroit, Mich.  
Discussion—Dr. J. W. Fowler, Superintendent Louisville City Hospital.  
Report of Committee on Development of the Association—Dr. R. R. Ross, Superintendent Buffalo General Hospital, Buffalo, N. Y.

#### Evening Session.

### SYMPOSIUM ON OUTPATIENT WORK.

What Dispensary Work Should Stand for—Dr. Richard C. Cabot, Boston, Mass.  
Clinics for Venereal Disease: Why We Need Them; How to Develop Them—Dr. Wm. F. Snow, Secretary American Social Hygiene Association.  
Industrial Accident Cases in Dispensaries: Should They Be Accepted. How Shall the Finance Be Managed?—Speaker to be announced.  
New Features in Dispensary Work—(Committee Report)—Michael M. Davis, Jr., Chairman, Boston Dispensary, Boston, Mass.

### WEDNESDAY, SEPTEMBER 27, 1916.

#### Morning Session.

Report of Committee on Hospital Construction—Dr. Walter B. Ancker, Superintendent City and County Hospital, St. Paul, Minn.  
Hospitals and Esthetics—Grosvenor Atterbury, F. A. I. A., New York City.  
Discussion—Dr. H. B. Howard, Superintendent Peter Bent Brigham Hospital, Boston, Mass.  
The Hospital Dietary—Dr. Elliott P. Joslyn, Assistant Professor Medicine, Harvard University.  
Discussion—Dr. Thomas McCraw, Professor Medicine Jefferson Medical College, Philadelphia, Pa.

#### Afternoon Session.

### LARGE HOSPITAL SECTION.

Disinfection and Other Practicable Methods of Preventing the Spread of Infection in Hospitals—Dr. Robert J. Wilson, Superintendent of Hospitals, New York Health Department.  
Discussion—Dr. Wm. H. Walsh, Philadelphia, Pa.  
The So-Called Diphtheria Epidemics in General Hospitals, Preventive Measures—Dr. Clyde C. Guthrie, Assistant in Medicine Johns Hopkins University.  
Discussion—Dr. R. R. Ross, Superintendent Buffalo General Hospital, Buffalo, N. Y.  
Autopsies: Methods of Obtaining Same and Measures of Protecting the Hospital—Dr. Milton C. Winternitz, Assistant Professor of Pathology, Johns Hopkins University.  
Discussion—Dr. Frank Holt, Superintendent Michael Reese Hospital, Chicago, Ill.

### SMALL HOSPITAL SECTION.

Programme in charge of Miss Nettie B. Jordan, Second Vice-President, who will preside.

#### Evening.

Theatre Party, Keith's Theatre. Arranged by the Entertainment Committee.

### THURSDAY, SEPTEMBER 28.

#### Morning Session.

Report of Committee on Bureau of Hospital Information—Dr. Thomas Howell, Superintendent New York Hospital.  
Report of Committee on Hospital Standardization—Dr. John A. Hornsby, Editor Modern Hospital.  
A Study of Hospitals for the Purpose of Arriving at Proper Standards—Mr. John J. Bowman, Director American College of Surgeons.  
Team Work and Stumbling Blocks—Dr. Charles A. Drew, Superintendent Worcester City Hospital, Worcester, Mass.  
Discussion—Dr. Charles D. Wilkens, Superintendent Charity Hospital, New Orleans.  
Dental Clinics in General Hospitals—Dr. Thomas B. Hartzell, University Hospital, Minneapolis, Minn.

Discussion—Dr. Simon Cox, Superintendent New Haven Hospital, New Haven, Conn.

Luncheon Pennsylvania Hospital 12:30 to 2:30 by invitation of the Trustees and Superintendent of the Pennsylvania Hospital.

#### Afternoon Session.

#### LARGE HOSPITAL SECTION.

Report of Committee to Memorialize Congress to Place Instruments on the Free List—Rev. G. F. Clover, Superintendent St. Luke's Hospital, New York City.

Report of Committee on Hospital Finances and Cost Accounting—Dr. A. R. Warner, Superintendent Lakeside Hospital, Cleveland, O.

Building the Hospital: Departments and Rooms—Mr. O. H. Bartine, Superintendent Hospital for Ruptured and Crippled, New York City.

Discussion—Dr. A. C. Bachmeyer, Superintendent Cincinnati General Hospital, Cincinnati, O.

Convalescent Hospitals: Methods, Results—Dr. Frederick Brush, Superintendent Burke Foundation, White Plains, N. Y.

Discussion—Dr. F. A. Washburn, Superintendent Massachusetts General Hospital, Boston, Mass.

#### SMALL HOSPITAL SECTION.

Conducted by Miss Nettie B. Jordan, Second Vice-President.

#### Evening Session.

Round Table Session for Large Hospitals—Conducted by Dr. John A. Hornsby, Editor Modern Hospital. Any member who wishes to have a topic discussed may suggest the same to Dr. Hornsby, Tower Building, Chicago, Ill.

#### SMALL HOSPITAL SECTION.

Question Box Session—Conducted by Dr. C. D. Wilkens, Vice-President. Those who have questions which they wish to have discussed may send them to Dr. Wilkens, Charity Hospital, New Orleans, La.

#### FRIDAY, SEPTEMBER 29, 1916.

#### Morning Session.

Report of Committee on Legislation—Dr. H. T. Summersgill, Superintendent University of California Hospital, San Francisco, Cal.

Treasurer's Report.

Report of Auditing Committee.

The Hospital and the Surgeon—Dr. S. S. Goldwater, Superintendent Mt. Sinai Hospital, New York City.

Discussion—Dr. John G. Clarke, Professor of Gynecology, University of Pennsylvania.

Report of Committee on Efficiency and Progress—Dr. George O'Hanlon, Superintendent Bellevue & Allied Hospitals, New York City.

Report of Committee on Time and Place of Next Meeting.

Adjournment.

#### Afternoon.

A boat ride down the river and a visit to League Island and the Navy Yard. An auto trip through Fairmount Park to Valley Forge and Washington's Headquarters during the Revolutionary War.

The Committee on Local Arrangements has also made provision for visits to the U. S. Mint, Independence Hall, Wanamaker's Stores and other points of special interest at various times during the Convention.

Special arrangements have been made for those who wish to visit Baltimore on the Saturday following the Convention; and arrangements are also being made for special rates for those who wish to spend a week-end at Atlantic City.

One of the special features of the meeting this year will be the large commercial exhibit, which will undoubtedly be one of the most instructive exhibits ever presented.

## Has Automobile for Nurses

Detroit Department Store Makes Prompt Provision for Employees Incapacitated by Illness

THE J. L. Hudson Company, of Detroit, Mich., which operates a large department store, maintains a hospital, with silence and rest-rooms. A trained nurse is on duty at the hospital all of the time, medical service being furnished to employees without charge. The silence-room, in which there are sixteen cots, is for the use of female employees. The rest-room is equipped with easy chairs, magazines, daily papers, writing materials, etc. An unusual feature in connection with hospital work, and one the practical character of which may be easily understood, is that the firm maintains a chiropodist for employees.

Each morning a list of absentees is forwarded to the hospital department, and they are called upon by the visiting nurses, who are provided with an automobile for this purpose. A complete investigation of conditions is made, the history of each case is recorded, and when necessary hospital care is arranged for, free of charge.

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## Ohio Hospital Convention.

(Continued from page 19)

gathered fresh laurels to themselves in the convention by all that they did. It was due almost exclusively to their action that the threatened breach in the Association was averted. Both are public speakers of high ability, and both exercised their talents in this direction to the best possible advantage. The Association is as fortunate in their membership as the Catholic hospitals are in having such representatives.

Dr. A. C. Bachmeyer, the indefatigable chairman of the Cincinnati committee in charge of the convention arrangements, was here, there and everywhere, seeing to it that the beautifully arranged program did not at any point run askew; and that it did not may be attributed largely to the perfection of the schedules laid down by him and his associates on the committee. There was at no time the slightest hitch. Things were done at the time and place and in the manner foreordained, which is so much out of the ordinary for any convention as to be noteworthy, and especially so at a first convention, such as that of the Ohio Hospital Association.

The manner in which the several score of visitors who were taken care of at the Cincinnati General Hospital on Thursday afternoon were guided through the great institution and fed was unexceptionable. The luncheon served them spoke volumes for the facilities of the big kitchens, and a rising vote of thanks was tendered Dr. Bachmeyer and the staff as the visitors arose.

The Ohio Valley General Hospital, of Wheeling, W. Va., describes itself as "a modern guest-house for sick people." The institution, of which Mr. P. O. Clark is superintendent, has a handsome six-story building, which is unusually well equipped.

## Help Wanted.

"Position Wanted" and "Help Wanted" ads printed for subscribers without charge. To others the rate is 10 cents a line, six words to the line; minimum charge, 50 cents.

Wanted—Nurse for institutional work by small private hospital. Most of the work is surgical. Will pay \$60 per month to the right woman. Address at once B1, care Hospital Management, Louisville, Ky.

## Positions Wanted.

Wanted—Position as superintendent of 250-bed hospital or assistant superintendent larger institution. Am now employed as superintendent and chaplain. Am graduate pharmacist and handle prescription work, besides lecturing to nurses on practical pharmacy. Can give best of reference. Address A1, care Hospital Management, Louisville, Ky.

Wanted—By a graduate registered nurse position as superintendent of a hospital. Nine years' experience. Thoroughly competent. Excellent credentials. Address A2, care Hospital Management, Louisville, Ky.

Wanted—Position as superintendent of 100-bed general hospital. Am now employed as superintendent, and have long record of efficient management of hospitals. Have excellent reason for changing, which will be explained to those interested. Address A3, care Hospital Management, Louisville, Ky.

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don't fail to give attention to the possibilities of American Black Walnut for your interior trim. This is the ideal wood for hospital work, inasmuch as it is a rich brown in color, is elegant and distinctive in appearance, and at the same time stands the rough usage to which the woodwork in a public building is subjected better than any other material. It is easily cleaned and refinishes splendidly. For this reason, while the first cost is slightly greater than other woods

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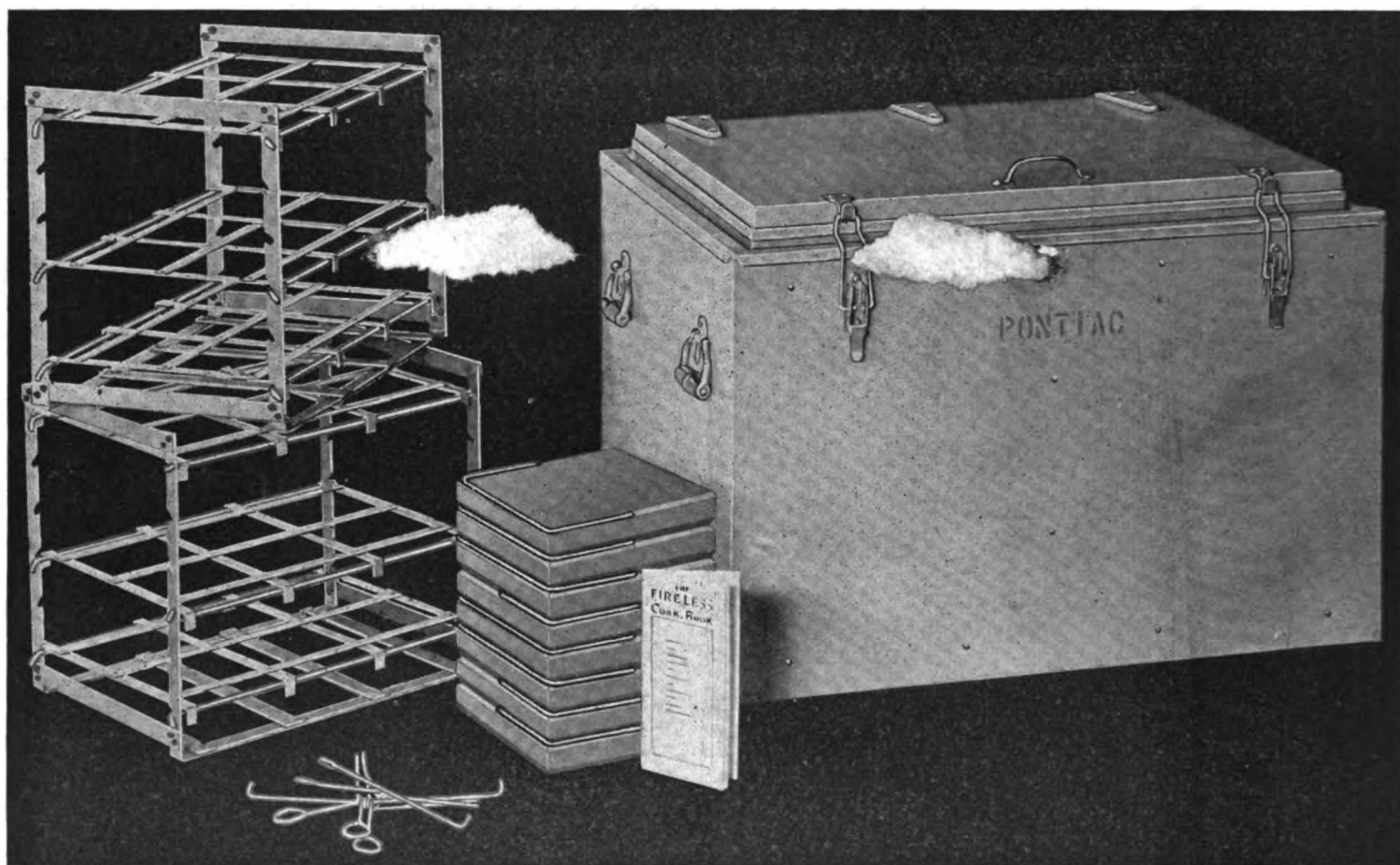
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